



## PERSONAL DATA CORRECTION FORM

### ***Important Notes To Read Before Completing the Personal Data Correction Form:***

*In order to exercise your right under the Personal Data Protection Act ('Act'), please complete this Personal Data Correction Form ("**Form**") and return to us. You may return the completed Form, attention to our Data Protection Officer via post at: **1 Merlimau Road Singapore 628260** (Attention: Data Protection Officers) OR via email **SRC\_DPOs@src.com.sg**.*

*We require reasonable proof of your identity before we process your request. Please specify in this Form the personal data to be amended and the proposed amendments. You may be liable for providing false or misleading information in this Form. Please also ensure that the Form is completed and signed.*

*Take note that we may refuse to comply with your request as permitted under the Act.*

### **Part A. Your Personal Particulars**

Name :

Correspondence Address :

Postal Code :

Telephone number :

Email :

Facsimile number :

How would you like us to contact you?

By post

By phone

By email

By fax

### **Part B. Specify Who You are Requesting Correction For**

- For Yourself**. If you are requesting to access your own personal data, please provide 1 copy of proof of your identity, e.g. birth certificate/valid passport with photograph/Singapore driving licence/identity card.
- On Someone's Behalf**. If you are acting on behalf of someone with their express permission, or with the appropriate legal authority, please enclose evidence of your authority to act and details of the person you are acting for.

## Part C. Correction Request

I wish to correct the personal data below: *(please specify clearly the current content and how you propose the amended content to read.)*

Current content:	Proposed amended content:
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## Part D. Declaration

I have read the notes to this Form. I confirm that I am the above-named requestor and I am submitting this Form in relation to my own personal data. I confirm that the information provided herein is true and accurate. I understand that the information provided will be used to confirm my identity and may also be used for statistical and monitoring purposes.

*(If you are acting on behalf of someone)* I am making this request on behalf of the person whose details are given on this Form in my capacity as their appointed agent/guardian/caregiver/lawyer *(delete as appropriate)*. I understand that the information provided will be used to confirm my identity and may also be used for statistical and monitoring purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date