

## **ACCESS REQUEST FORM**

#### APPLICATION TO ACCESS PERSONAL DATA

- 1. Under the Personal Data Protection Act 2012 ("PDPA"), you are entitled to request for your personal data that we have, and request to know how your personal data has been used or disclosed over the past year.
- 2. Please complete this form and submit it to:

In person or by post: Data Protection Officer Calvary Community Care (C3) 601 Macpherson Road Grantral Mall #03-01 Singapore 368242

Alternatively, you can email the completed form to us: care@calvary.sg

| II. PARTICULARS OF REQUESTOR   |  |  |  |  |
|--|--|--|--|--|
| Name of requestor:   |  |  |  |  |
|  |  |  |  |  |
| Contact number:  | Email address:                           |  |  |  |
|  |  |  |  |  |
| Please check the applicable box(es):   |  |  |  |  |
| □ I am making an access request for my own personal data   |  |  |  |  |
| ☐ I am making an access request on behalf of other individual(s)   |  |  |  |  |
| Please complete this section if you are making an access request on behalf of other  |  |  |  |  |
| individual(s)  |  |  |  |  |
| Name of other individual(s) whom you are making an access request on behalf of:  |  |  |  |  |
|  |  |  |  |  |
| Contact number:  | Email address:                           |  |  |  |
|  |  |  |  |  |
| III. DESCRIPTION OF THE PERSONAL DATA REQUESTED  |  |  |  |  |
| To enable us to process your access request quickly and efficiently, please provide us with  |  |  |  |  |
| as much information as possible about the personal data you are requesting access to (e.g. type of personal data, date, time). Please note that C3 may take up to 30 days to respond |  |  |  |  |
| to the request.  | Tat C5 may take up to 50 days to respond |  |  |  |















### IV. FEE AND PROOF OF IDENTITY

We require evidence that this request is genuine. Please enclose the following proof of identity. If you are applying on someone else's behalf, please enclose the following proofs of identity for the data subject and yourself together with proof of authorisation. Please note that failure to provide these documents with your application may result in a refusal of your request.

| authorisation. Please note that failure to provide these documents with your application may result in a refusal of your request.  |                   |  |  |  |
|--|-------------------|--|--|--|
| <ul> <li>I enclose the following with this request:</li> <li>copy of front and back of NRIC</li> <li>Paynow screenshot of \$20 to UEN T10SS0047C with reference: C3_PDPA</li> <li>copy of front and back of NRIC of data subject (for application on behalf of data subject)</li> <li>authorisation letter from data subject/copy of court order/others, please specify:</li></ul>   |                   |  |  |  |
| V. DECLARATION   |                   |  |  |  |
| <ol> <li>I understand that you may request for further information from me if necessary.</li> <li>By completing and submitting this form, I hereby consent to your collection, use and disclosure of my personal data in accordance with the Privacy Notice which can be found on your website. I also agree and undertake to pay any additional fee which may be reasonably incurred to fulfill the request (if applicable) which you will notify me in advance before processing the request.</li> <li>I understand that you reserve the right to refuse to provide access to the requested data in certain circumstances, such as where prohibitions or exceptions that are provided under the Personal Data Protection Act or other written law apply.</li> <li>I confirm that the information given in this Form and any documents enclosed are true and accurate.</li> </ol> |                   |  |  |  |
| Name & Signature   | Date (DD/MM/VVVV) |  |  |  |
| . Tallie & Digitation  | Date (DD/MM/YYYY) |  |  |  |



## **ACKNOWLEDGEMENT FORM**

# ACKNOWLEDGEMENT OF PERSONAL DATA RECEIVED FOR AN ACCESS REQUEST

| Reference Number:                              |                        |                                       |               |  |
|--|------------------------|---------------------------------------|---------------|--|
| Name of Recipient:                             |                        |                                       |               |  |
| Contact Details:                               |                        |                                       |               |  |
|  |                        |                                       |               |  |
| No   | No Document/Material   |                                       | Date Received |  |
| 1  |                        |                                       |               |  |
| 2  |                        |                                       |               |  |
| 3  |                        |                                       |               |  |
| 4  |                        |                                       |               |  |
| 5  |                        |                                       |               |  |
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|  |                        |                                       |               |  |
|  | _                      |                                       |               |  |
|  |                        |                                       |               |  |
|  | Signature of Recipient | nature of Recipient Date (DD/MM/YYYY) |               |  |
|  |                        |                                       |               |  |
|  |                        |                                       |               |  |
| For Internal Use Only                          |                        |                                       |               |  |
| Staff of organisation handling access request: |                        |                                       |               |  |
| Date   | Date: Time:            |                                       |               |  |
|  |                        |                                       |               |  |