

## PERSONAL DATA REQUEST FORM

PARTICULARS OF REQUESTOR		
Name:	Course / Subjects Enrolled:	
NRIC:	333	
Contact No.:	Email:	
DESCRIPTION OF PERSONAL DATA		
To enable us to process your request efficiently, please provide a clear and detailed description of the personal data which you wish to access or amend (e.g., type the personal data, year provided, details or changes sought, etc.). Please also provide an explanation/purpose/basis for the request and any other relevant information.		
DECLAF	RATION	
I hereby declare and confirm that all information and supporting documents provided by me in connection with this request are true, accurate and complete and I consent to the processing of my personal data for such purpose.		
Name:		
Date:		

## Notes:

- For security purposes, we reserve the right to verify your identity before acting upon any request.
- Depending on the volume or nature of your request, a processing fee may be levied by us before we proceed to process your request.
- We commit to a response time of within twenty-one (21) days after successful verification of your identity. You will be informed if additional time is required to locate or process your request.
- You understand that we may have a lawful basis not to accede to your request under certain circumstances

## For internal use only:

Date received:	Date responded:
Remarks:	