THE ONE ACADEMY

PERSONAL DATA CORRECTION REQUEST FORM

- Please note that we reserve the right to restrict and/ or refuse your access to certain particulars of your personal data as may be permitted under the Personal Data Protection Act 2010 [*Act 709*].
- Your request may not be processed if the information/document provided is incomplete.
- Any request for Personal Data Correction Request must be supported with proof or evidence.
- Please use CAPITAL LETTERS to fill in the form.

Please tick (√) on one of the following:

☐ I would like to access my personal data

(Please fill in Section 1 and Section 3 below)

☐ I am a Third Party Requestor

(Please fill in Section 2 and Section 3 below)

SECTION 1: TO BE FILLED IN BY DATA SUBJECT

Full Name (per NRIC/Passport)	
New NRIC/Passport No.	
Mobile Phone No.	

SECTION 2: TO BE FILLED IN BY THIRD PARTY REQUESTOR (AUTHORIZED PERSON)

This request is based on (please tick (√) one of the following):

☐ I am acting under the Data Subject's authorisation/mandate/Power of Attorney

☐ I am the legal/personal representative of the Data Subject

☐ I have Warrant or Court Order allowing the correction to the Data Subject's Personal Data

☐ I am executor/administrator of the Data Subject's estate

☐ Others (please specify) _____

Please enclose proof of your authority to correct the personal data of the Data subject.

A : Particulars of Data Subject

Full Name (per NRIC/Passport)	
New NRIC/Passport No.	
Mobile Phone	

B: Particulars of Third Party Requestor

Full Name (per NRIC/Passport)	
New NRIC/Passport No.	

Mobile Phone	
Email Address	
Correspondence Address	

SECTION 3 : CORRECTION OF PERSONAL DATA

(Please tick (√) and fill in at relevant Section only)

□ Full Name (per NRIC/Passport)	
□ New NRIC/Passport No.	
□ Address of premise	
□ Mobile Phone	
□ Email Address	
□ Postal Address	
□ *House Phone No.	
□ *Office Phone No.	

**Non-mandatory information*

DECLARATION

Declaration by the Data Subject I, ……. declare that I am the person named in Section 1 and I am requesting to correct my own personal data. I confirm that the information supplied in this form is true and accurate. Signature:_____ Date:_____	**Declaration by the Third Party Requestor** I,…… declare that I am the Authorized Person named in Section 2 and I am requesting to correct the Data Subject's personal data. I confirm that the information supplied in this form is true and accurate. Signature:_____ Date: _____

FOR OFFICE USE ONLY (Please fill in relevant section only)

□ APPROVED DATE UPDATED: ATTENDED BY:	□ NOT APPROVED REASON: NOTIFICATION DATE: ATTENDED BY: