

Request For Personal Information & Correction Form

Important notice to requester :

- a) For requesting access to personal information, please complete all parts except Part C.
- b) For requesting correction to personal information, please complete all parts.

Part A: Requester's Details

We must be sure that we are releasing information to the right person. Please tell us the following information. We may ask you for further proof of identity or address details.

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|---|--|
| Full name: | |
| Previous name(s) (If applicable): | |
| Date of birth: | |
| NRIC/ Passport number: | |
| Full address (including postcode): | |

Part B: Personal Information Requested

Please tell us what information you require. This will help us deal with your request more quickly.

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| Information Required |
| <Please be as specific as possible> |
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Part C: Changes to Personal Data

Please list the personal data which you would like to be change and provide the necessary supporting documents.

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Part D: Location of records

It would be helpful if you could also list any telephone numbers or names of staff you have dealt with.

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Part E: Dates

What period you would like the personal information we send to you to cover?

This applies to clerical records only. Computer records will contain all data held on the HCA computer systems at the time of your request. HCA does not hold personal information indefinitely. It may be that some information has been destroyed in line with our Data Retention policies.

| Personal information required for period | From: DD/MM/YY | To: DD/MM/YY |
|--|----------------|--------------|
| | | |

Part F: Declaration

I declare that the information I have provided above is correct.

Signed:

Date:

Please submit the completed form to

The Personal Data Protection Officer
HCA Hospice Limited
705 Serangoon Road Blk A, #03-01
@Kwong Wai Shiu Hospital
Singapore 328127
Email: DPO@hcahospicecare.org.sg