

**REQUEST FOR ACCESS AND/OR CORRECTION OF RETAINED PERSONAL INFORMATION IN
SISFU's POSSESSION**

The following information is needed to help us give you, the Data Subject, a quick and accurate response to your enquiry. Please complete the information below and send it to the Data Protection Officer, at the contact details provided below. We will revert with the information requested (if any) within 30 days from the date of your request.

PART I. Your Request

Title	
Surname	
First Name	
Address:	
Email address	
Other name/s by which you have been known (if applicable)	
Relationship to SISFU (e.g. customer, partner, ex-employee etc.)	

Is your request for one or more of the following? :

- To access your personal information held by us?
- To be provided with details of how your personal information has been handled by us?
- To request for a deletion of all your personal information held by us?
- To request for a correction to your personal information? If yes, please elaborate further in the text box below.
- For any other reason. If yes, please elaborate further in the text box below:

To assist us in providing you with and/or amending the personal information requested, please tick the relevant boxes below:

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. When did you provide your personal information to us? Was it: | | |
| b. before 8 September 2012? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. after the period of 8 September 2012? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. would you know the names of the SISFU personnel/department whom you believe may hold the information about you? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have you previously made a request for disclosure of your personal information held by us? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. If you answered "Yes" to question (a) and/or (b) and/or (e), please provide further information in the text box below: | | |

Details of when your personal information was collected, names of SISFU personnel / departments or date when last request for disclosure was made (please continue on a separate sheet of paper if the space provided is insufficient):

Part II. Proof of identity

SISFU shall require you to provide proof of identity to satisfy itself as to the identity of the person making the request. Documents required for proof of identity/verification purposes could be a photocopy of one form of identification containing a photograph (e.g. Passport or driving license).

Part III. Exclusions

For the avoidance of doubt, the requested data access and/or correction request to which is sought may be denied by SISFU where it falls within one of Exceptions to access requirement stipulated under the Data Privacy Act 2012 (the “DPA”). Where we refuse to comply with a data access / correction request, we shall inform you in writing within 30 days from the date that we have received your access and/or correction request, of the reasons for our refusal.

Part IV. Preferred Manner of Compliance I

would prefer that you:

- Send by ordinary mail a copy of the requested personal information to me at my correspondence address given in this form; or
- Supply me with a copy of the personal information in the form of an email.

Part V. Declaration

I am the person named in Part A of this document, and hereby request, under the provisions of the DPA, that SISFU fulfil the request as described in Part I of this form.

Signature: _____
Name: _____

Date: _____

If you, as the Data Subject wish to authorise a third party to deal with this request please also sign the following declaration and arrange for part VI and VII to be completed.

I declare that the third party named below is authorised to deal with this request and correspond with SISFU on my behalf. I also declare that I consent to the disclosure of my personal information by SISFU to the third party named below for these purposes.

Signature: _____

Date: _____

Part VI. Third Party Details

Title	
Surname	
First Name	
Address	
Postcode	
Tel Number	
Relationship to the Data Subject	

Part VI. Third Party Declaration

Please read and sign the following declaration:

I understand that it may be necessary for SISFU to confirm my identity and it may be required to obtain more detailed information in order to locate the correct information. I confirm that I act on behalf of the Data Subject named in Part I.

Please send the Data Subject me (tick as appropriate) the personal information SISFU holds relating to the Data Subject.

Signature: _____
Name: _____

Date: _____

Please return the completed form to the Data Protection Officer, Southville International School Affiliated with Foreign Universities, Lima Cor. Luxembourg Sts., BF International, Las Piñas City 1741 Philippines. You will be advised within [3] working days from receipt of this form.

For SISFU use only

Form Received

Date:

ID Received

Date:

Response Sent

Date:
