

# HealthServe Limited (“HealthServe”) CORRECTION REQUEST FORM

## I. APPLICATION FOR PERSONAL DATA CORRECTION

1. Under the Personal Data Protection Act 2012 (“PDPA”), you are entitled to correct or update personal data that we have collected from you.
2. Please complete this form and submit it to **DPO@healthserve.org.sg**:

## II. PARTICULARS OF REQUESTOR

If you are making a correction request for your own personal data, please provide a copy of your NRIC, passport, driver’s license or work pass/permit. If you are making a request on behalf of someone else, please provide a letter of authorization from that person and copies of both your and the other person’s NRIC, passport, driver’s license or work pass/permit.

**Name of requestor:**

**Contact number:**

**Email address:**

**Please check the applicable box(es):**

- I am making a Correction request for my own personal data
- I am making a Correction 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 a correction request on behalf of:**

**Contact number:**

**Email address:**

## III. DESCRIPTION OF THE PERSONAL DATA TO BE CORRECTED

To enable us to process your correction request quickly and efficiently, please provide us with as much information as possible about the personal data you are requesting correct (e.g. type of personal data, date and time submitted ).

**IV. DECLARATION**

By submitting this form, I confirm that the information stated above is true, complete and accurate to the best of my knowledge and belief. A proof of identity and/or authorization letter has been enclosed. I am also aware that fees may be charged for the request after evaluation by HealthServe.

<hr/> <b>Name &amp; Signature</b>	<hr/> <b>Date (DD/MM/YYYY)</b>
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**Additional Notes:**

- **Fees and Processing**
  - A. Please note that an administrative fee may be charged for processing your request, depending on the nature and complexity of the request. We will inform you of any such fee, via the contact details listed on this form, before processing your request.
  - B. Mode of payment accepted will only be cash, cheque and bank transfer. Correction requests will only commence once payment has been received by HealthServe.
- **Denial of Access Request**
  - A. HealthServe has the right not to grant a correction request if it is prohibited under the PDPA or other written law.
- **Processing**
  - A. HealthServe will endeavor to respond to your request within 30 business days. Should we not be able to respond to your request within this time or if we are unable to make a correction requested by you, we shall inform you accordingly and will generally provide the reasons for the delay and the expected time required or why we are unable to fulfill your request (except where we are not required to do so under the PDPA).

# HealthServe Limited (“HealthServe”) CORRECTION ACKNOWLEDGEMENT FORM

## ACKNOWLEDGEMENT OF PERSONAL DATA CORRECTION REQUEST

<b>Reference Number:</b>
<b>Name of Recipient:</b>
<b>Contact Details:</b>

No	Document/Material Amended	Date Amended
1		
2		
3		
4		
5		

<hr style="width: 80%; margin: 0 auto;"/> <p><b>Signature of Recipient</b></p>	<hr style="width: 80%; margin: 0 auto;"/> <p><b>Date (DD/MM/YYYY)</b></p>
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For Internal Use Only	
<b>Staff handling access request:</b>	
<b>Request outcome: Approved/Rejected</b> <b>Reason for rejection:</b>	
<b>Fee charged?</b>	
<b>Signature:</b>	<b>Date of completion of request:</b>