

Access, Correction and Withdrawal of Personal Data Request Form

Type of Request:

ACCESS

CORRECTION

WITHDRAWAL

Particulars of the Individual data subject to whom the requested personal data relates:

Name: _____

Identification No.: _____

Identification Document:

NRIC/Passport/Others _____
(please delete accordingly)

Correspondence Address: _____

Contact Number: _____

Email Address: _____

(please enclose a copy of the individual's identification document)

Particulars of Requestor (if you are not making this request on behalf of the individual)

Name: _____

Identification No.: _____

Identification Document:

NRIC/Passport/Others _____
(please delete accordingly)

Correspondence Address: _____

Contact Number: _____

Email Address: _____

This request is based on:

- I am acting under the Individual's mandate or power of attorney
- I have a warrant/court order allowing access/correction to the Individual's personal data
- I am the executor/administrator of the Individual's estate
- I am the parent of the Individual who is a minor
- Others: _____

Description of Personal Data

Date or period to which this request relates:

(must be within a year before date of the request)

Date on which or period within which the personal data request was collected:

(if available)

For withdrawal requests, whilst we respect your decision to withdraw your consent, please note that depending on the nature and scope of your request, we may not be in a position to continue providing our goods or services to you and we shall, in such circumstances, notify you before completing the processing of your request.

Except with the consent of the individual concerned, the personal data provided in this form will be used for the purpose of processing this request and other related purposes only and may be disclosed to such parties (in and outside of Singapore) as may be necessary for the said purpose.

Declaration

The information which I have supplied in this form is accurate and complete, and I am the person to whom it relates or an authorized representative acting on his/her behalf.

Signature:

Date:

Full Name of Applicant:

(as in Identification Document)

Submission of Request Form

Please complete this form and submit it in person, or by registered post to:

**Data Protection Officer
FCS Careers Pte Ltd
380 Jalan Besar
#09-04 ARC 380
Singapore 209000**

Alternatively, you can email the completed form to us: dpo@fcs-careers.com

Timeline for Processing of Request

Having received and verified your identification and documentation, we shall endeavor to respond to your request within thirty (30) days. In the event we need more time to verify and fulfil the request, we shall inform you of the additional time needed via the contact information you provided in this Request Form.

Our Data Protection Policy

Our Data Protection Policy is available on our website at: www.fcs-careers.com/about/data-protection.