Personal Data Correction Request Form

Under the Personal Data Protection Act 2010, Act 709 you can make corrections to personal data that an organisation holds, shares or uses about you. In order to deal with your request made via email, fax, phone calls, text and messaging tools etc, we can ask for proof of identity to enable us to correct the personal data that you request. Please complete this form and return it to us with proof of your identity directly to us, or via the following channels:

a) Email to my.ttmc.bupo@ttmc.com.my; or
b) Post to:

Data Protection Officer
(Twin Towers Medical Centre)
Twin Towers Medical Centre KLCC Sdn Bhd
Management Office
11-1, Jalan Perubatan 3,
Pandan Indah,
55100, Kuala Lumpur

We will acknowledge safe receipt and respond within twenty-one (21) calendar days.

Note:
1) Please ensure that the information that you are providing us with is accurate. The personal data submitted by you to us in this form is necessary for processing your request, and any inaccuracies, errors or omissions in the personal data submitted may result in delays in processing the request and/or our inability to process your request.
2) Your Personal Data Correction Request will be subject to approval following Pantai Holdings Sdn Bhd's, or any of its related companies and subsidiaries receipt and approval of the completed form. We will endeavour to provide our response within the statutory period (subject to such extensions as may be permitted).
3) IHH MY reserves the right to refuse to process the Personal Data Correction Form in accordance with Section 36 of PDPA 2010.

Part 1: Identity of the Requestor

Please indicate:

[ ] I am the Data Subject; and

[ ] Copy of NRIC/Passport/Driving license/ birth certificate/adoption certificate is as attached;

or

[ ] I am the Third Party Requestor, making this request on behalf of the Data Subject; and

[ ] Letter of authorization from Data Subject is as attached

Data Subject Particulars: (*Also fill in particulars of Third Party Requestor, if applicable)

Particulars	Data Subject	Third Party Requestor*
Title:	Dr / Mr / Mrs / Miss / Ms / Other	Dr / Mr / Mrs / Miss / Ms / Other
Family name:		
First name:		
Any other names that you are known by that may assist in the search:		
Address:		
NRIC/Passport Number:		
Telephone number:		

E-mail:		
Date of birth:		
If you are an employee or former employee of IHH MY or IHH Group please provide your staff number:		
Relationship with the Data Subject		

Part 2: Proof of Identity

To help us establish your identity, your application must be accompanied by identification that clearly show your name, date of birth and current address.

Please enclose a copy of one of the following as proof of identity: national registration identity card (NRIC), passport, driving licence, birth or adoption certificate.

This is to ensure that we are only correcting information to the data subject/authorized third party requestor. If none of these are available, please contact Data Protection Officer via email to my.ttmc.bupo@ttmc.com.my for advice on other acceptable forms of identification.

Part 3: Information to be Corrected

To help us to deal with your request quickly and efficiently please provide as much detail as possible about the information you would like to correct. If possible, restrict your request to a particular service, department, teams or individuals or incident. Please include time frames, dates, names or types of documents, any file reference and any other information that may enable us to correct your data.

Personal Data Item *(e.g. address, telephone number, email address)*	**Correction / Addition of Personal Data**	**Product / Service**	**Remarks**

Please continue on a separate sheet of paper, if necessary.

Disclosure of corrected personal data

Would you like TTMC to send your corrected personal data to other organisations which TTMC may have disclosed this personal data to within the preceding year?

☐ No, please do not send my corrected personal data to other organisations.

☐ Yes.
Please specify the organisations to which we may disclose this corrected personal data:

_____

Please note that TTMC is not responsible for the accuracy of the other organisations' records.

I have read, understand and consent to IHH MY Personal Data Protection Notice, accessible at https://www.ihhhealthcare.com/my/data-protection-notice.

I, _____, confirm that the information provided on this form is correct and that I am the data subject/third party requestor whose name appears on this form and that the personal data I am seeking to correct relates only to me/specified Data Subject and no other person(s). I shall indemnify IHH MY for any non-compliance of the applicable personal data law related to this request (applicable for third party requestor). I agree to fully cooperate with IHH MY and provide it as much assistance and information as may be reasonably necessary for IHH MY to efficiently locate the personal data I seek to correct. I also understand that my request will not be valid until all of the information requested is received by IHH MY.

I also agree and understand that my request is subject to approval by IHH MY.

_____ Signature

_____ Date

For Official Use Only:

Mode of Receipt : _____

Received by : _____ Date : _____ Time : _____

Updated by : _____ Date : _____ Time : _____