



SOCIETY FOR THE AGED SICK

130 Hougang Avenue 1, Singapore 538900 • Tel: (65) 6922 6222 • Fax: (65) 6289 3227
Email: enquiry@societyagedsick.org.sg • Website: www.societyagedsick.org.sg

We are a member of



Access / Correction / Withdrawal of Consent Form

Important Notes:

1. The information provided in this form will be used for the purpose of processing your request for data access/correction/withdrawal of consent. For the avoidance of doubt, we can only process such requests in respect of personal data that is in the possession of which Society for the Aged Sick ("SAS", "we", "us", or "our").
2. You may be required to provide additional information which we consider necessary for us to comply with your request. In particular, if you are submitting this request on behalf of another person, you will be required to provide proof of such authorization.
3. We may not process your data access/correction request in any of the circumstances where we are exempted (or prohibited) from processing your data access/correction request under the Singapore Personal Data Protection Act ("PDPA") or other applicable laws. Please also note that your withdrawal of consent does not affect our right to continue collecting, using and/or disclosing your personal data where collection, use or disclosure without consent is permitted or required under the PDPA or other applicable laws.
4. Please e-mail or submit by post the completed form, together with the required supporting documents (if any) to:

Data Protection Officer

Email: dpo@societyagedsick.org.sg

Address: 130 Hougang Avenue 1, Singapore 538900.

5. Should you have any queries in completing this form, please contact our representative by using the contact details set out above.



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Full Name (per NRIC/Passport): _____

Phone Number: _____

Email Address: _____

Type of Request (Please check):

- Access to personal data
- Correction of personal data
- Withdrawal of consent

Request details (e.g., type of personal data, the date on which and circumstances under which we may have collected the personal data, the correction to be made or the specific purpose(s) for which consent is being withdrawn):



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Declaration

I, _____, hereby confirm and warrant that (i) the information given in this form and any supporting documents I provide in connection with my request are true and accurate, and (ii) this request relates to my own personal data or where I am submitting this request on behalf of another person, I am authorized by such person to submit such request and to provide his/her personal data for such purposes. I will indemnify SAS in respect of any penalties, liabilities, claims, demands, losses and damages arising out of a breach of this warranty.

I understand that SAS may retain this form and any supporting documents I submit as a record of my request for future reference.

I hereby consent for the personal data provided in this form to be processed for purposes of my request and other directly related purposes and, if necessary, to be disclosed to any third party for the same purpose. As part of the requirements in PDPA, it is deemed as you have read, understood and agreed to the Personal Data Protection Policy at <https://www.societyagedsick.org.sg/about-us/personal-data-protection-policy/>.

Signature & Date: _____

For Official Use Only

Received by:	
Date received:	
Request checked and verified by:	
Task Completed on:	
Remarks:	