

PERSONAL DATA ACCESS REQUEST FORM

SUNWAY EDUCATION GROUP PERSONAL DATA ACCESS REQUEST FORM

[1] **ABOUT YOU (LATEST PARTICULARS)** Full name: NRIC/Passport Number: ___ (Non-Malaysian please provide passport number) Address: Postcode: City: _____ Country: ____ Contact Number: (Residence) _____ (Office) _____ (Mobile) _____ (Fax) _____ E-mail address: ____ ARE YOU REQUESTING FOR YOUR OWN PERSONAL DATA? IF YES, PLEASE PROCEED TO ANSWER PART (A) BELOW. ARE YOU A THIRD PARTY REQUESTING FOR ACCESS TO SOMEONE ELSE'S PERSONAL DATA? IF YES, PLEASE PROCEED TO ANSWER PART (B) BELOW. 1 PART A (Requesting for your own personal data) Please state the nature of your relationship with Sunway Education Group: [a] A current* / former* student* / customer* of Sunway Education Group [] [] A parent* / guardian* of current* / former* student of Sunway Education Group [] A current* / former* employee of Sunway Education Group [] A current* / former* business associate, vendor, service provide or supplier, donor of Sunway Education Group (*delete where applicable) [b] Please also provide a photocopy of your National Registration Identification Card (NRIC) or the first page your passport containing your personal details for us to verify

your identity. Please mark the photocopy of your NRIC or passport with "FOR PERSONAL DATA ACCESS REQUEST ONLY"

PART B (Requesting for another individual's personal data)

	Please provide a signed photocopy of your National Registration Identification Card (NRIC) or the first page of your passport for us to verify your request.					
	Please state the nature of the relationship of the individual who is the subject of the personal data ("Individual") with Sunway Education Group:					
[]	A current* / former* student* / customer* of Sunway Education Group					
[]	A parent* / guardian* of current* / former* student of Sunway Education Group					
[]	A current* / former* employee of Sunway Education Group					
[]	A current* / former* business associate, vendor, service provide or supplier, donor of Sunway Education Group					
(*de	elete where applicable)					
Ple	ase describe the nature of your relationship with the Individual:					
Ple	ase state the basis of you requiring the personal data of the Individual:					
you	ase enclose with this Form an authorisation letter from the Individual as proof of authority to act on behalf of the Individual and / or certified documentation ² to ablish your connection / relationship with the Individual.					

² A document witnessed and bearing the seal of a Commissioner of Oaths, Notary Public, Advocate & Solicitor or a Court of Law.

THE PERSONAL DATA SOUGHT

Plea	se provide a	description	of the personal	data requeste	ed for, and an	y relevant ac	lditional
infor	mation which	n can assist	us in providing yo	ou with a copy	of your perso	nal data.	
	e specify if y	ou would lik	e to simply view	the personal of	data or to rec	eive a copy o	of the personal
data							
()	View	()	Copy required				
()		()					
[4]	Declaration	<u>on</u>					
					ho	reby confir	m that the
I, inforn	nation given i	n this Form	and any docume	nts enclosed a			
will be	necessary fo	or Sunway E	Education Group t	o verify my / th	ie Data Subjec	ct's identity an	nd that Sunway
	ation Group r formation rec		me or the Data	Subject for mo	ore detailed in	formation in	order to locate
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0							
Signe	a:						
Det							
Date:							

Important Notes

- (1) Please note that Sunway Education Group reserves the right to restrict access to certain information as may be permitted under the Personal Data Protection Act 2010.
- (2) Please enclose payment stipulated in the table below with your Access Request. Failing receipt of payment, Sunway Education Group will not be able to process your Access Request.

Type of Personal Data Requested	To View Personal Data Without A Copy	Copy of Personal Data Required
Personal Data	RM 3	RM 10
Sensitive Personal Data*	RM 5	RM 30
(*Sensitive Personal Data means health information, political opinions, religious beliefs, the commission or alleged commission of an offence)		

- (3) Personal information collected on this Form is required to enable your Access Request to be processed, and will only be used in connection with this request.
- (4) Medical records of patients can only be removed from the hospital if a court order permitting the removal is provided in accordance with the Private Healthcare Facilities and Services (Private Hospitals and other Private Healthcare Facilities) Regulation 2006.
- (5) Should any advice or guidance be required in completing this application, please contact: [●]