

RECTIFICATION REQUEST FORM

Version No. 1

After filling up this form, kindly send to: **Abaqa Data Protection Officer**

Mailing Address: Data Privacy Officer, 47 Scotts Road, Goldbell Towers, #16-01/02, Newton, 228233, SG

Email Address: golcoin.dpo@aboitiz.com

Email Subject Format: (NAME OF RIGHT) - NAME OF DATA SUBJECT/REQUESTOR

example: RIGHT TO ACCESS - JUAN DELA CRUZ

The information collected in this form will be used for the sole purpose of complying to the request of the data subject or his/her authorized representative. The company may require additional information as may be necessary to confirm the identity of the requesting individual or his/her authorized representative, taking into consideration the principle of proportionality. Any information collected shall be disposed of after 12 years.

INSTRUCTIONS: Fill in all details completely. Write N/A if not applicable.

I. DATA SUBJECT INFORMATION FULL NAME ADDRESS EMAIL ADDRESS MOBILE NUMBER

II. DETAILS OF REQUEST	
INACCURATE/ERRONEOUS INFORMATION (Please provide sufficient details. Use a separate sheet if necessary.)	CORRECT INFORMATION (Please provide documentation, where necessary and appropriate)



III. DECLARATION

I declare that this form is accomplished by the undersigned and is a true, correct, and complete statement of the information contained herein. I also authorize the company to verify/validate the contents stated herein.	
•	SIGNATURE OVER PRINTED NAME
IV. AUTHORIZ	ED REPRESENTATIVES

FULL NAME	
ADDRESS	
EMAIL ADDRESS	
MOBILE NUMBER	

I declare that this form is accomplished by the undersigned as the authorized representative of the data subject. It is a true, correct, and complete statement of the information contained herein. Enclosed is the proof of the authority to act on behalf of the data subject. I authorize the company to verify/validate the contents stated herein.

SIGNATURE OVER PRINTED NAME

FOR INTERNAL USE ONLY		
RECEIVED BY:	REMARKS:	
DATE RECEIVED:		
TRANSACTION NO.: RR-2021-00		