

ACCESS, CORRECTION, CONSENT WITHDRAWAL REQUEST FORM



Under the Personal Data Protection Act (PDPA) you are entitled to request for your personal data that we have, and request to know how your personal data has been used or disclosed.

Please complete this form and submit it via email to <dpo@kwsh.org.sg>.

1 Type of Request

- ☐ Right to access / Make a copy of Personal Data in documentary form
- ☐ Right to correction
- ☐ Right to withdrawal of consent

2 Particulars of Requestor

For this section, please fulfil the following information for us to process your request and determine the appropriate manner and form in which to address your request, including any documentation required to establish that you are legally authorised to act on behalf of the other individual(s) if the request is not for yourself:

1.	Are you making this request for information for yourself? Please note that KWSH reserves the right to exercise due diligence and adopt appropriate measures to verify an individual's identity and documentary evidence of the verification performed.
1.1	<input type="checkbox"/> Yes - Please move to 4 (Section 2 and 3 are not required)
1.2	<input type="checkbox"/> No - Please complete all the sections of this form
2.	If you are making this request on behalf of someone else, please state the nature of your relationship with that person (data subject*). If requested, you may need to provision proof of legal authority for verification.
2.1	<input type="checkbox"/> Spouse
2.3	<input type="checkbox"/> Legal representative

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2.4	<input type="checkbox"/> Others - Please mention: _____
3.	If you are making this request on behalf of someone else, please provide the following information about yourself
3.1	Name: _____
3.2	Contact Number: _____
3.3	E-mail address: _____
3.4	Kindly complete your signed authorisation form which can be found on the last page of the request form for processing.
4	Please complete the following section, providing information about the data subject/ individual whose personal data is of concern
4.1	Name: _____
4.2	Contact Number: _____
4.3	E-mail address: _____
4.5	Location: _____
4.6	<p>Data Subject Identifier:</p> <p><input type="checkbox"/> Resident/ Patient / Client ID - Please specify: _____</p> <p><input type="checkbox"/> Donor ID - Please specify: _____</p> <p><input type="checkbox"/> Volunteer ID - Please specify: _____</p> <p><input type="checkbox"/> Employee ID - Please specify: _____</p> <p><input type="checkbox"/> Other - Please specify: _____</p>

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3 Description of the Personal Data Request

To enable us to process your request quickly and efficiently, please provide us with as much information as possible about the personal data you are requesting to access/ correct/ withdraw (e.g., type of personal data, date/time of collection, type of service/product for which personal data collected).

When making a request for withdrawal of consent, please note that there may be legal consequences which may arise from the withdrawal of your consent to the collection, use or disclosure of your personal data. We shall inform you of any such consequences depending on the nature of the withdrawal of consent you are requesting.

Type of personal data:

Date/time of collection:

Type of service/product for which personal data was collected:

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Please state what should be the correct / updated information for that personal data (if request to correction / update)

Please state the reason for your request. (Optional)

How would you like to receive the access to personal data requested?

☐ Email to requestor (only if requestor is the data subject) a copy (a fee might be charged for producing the copy)

☐ Examine the requested data in person

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I. Declaration

By submitting this form, I confirm that the information¹ stated above is true, complete and accurate to the best of my knowledge and belief.

II. Disclaimer

KWSH may charge a reasonable fee to process an access request by you. The purpose of the fee is to allow us to recover the incremental costs of responding to the access request. This may include the time and costs incurred to search for the personal data requested.

KWSH reserves the right to refuse to process or provide access to the personal data until you agree to pay the relevant fee and have made the payment.

We endeavour to provide you with information on any action taken further to your requests without undue delay, and no later than 30 days of receipt of your request.

If we require more time, we will inform you of any extension within 20 days of receipt of the request, together with the reasons for the delay.

or other information in accordance to the Personal Data Protection Act. Situations where we may not be able to provide you with the personal data requested includes but not limited to where –

- a. the provision of the request could reasonably be expected to fall under the mandatory exceptions relating to situations where an organisation must not provide access:
 - i. threaten the safety or physical or mental health of another individual;
 - ii. cause immediate or grave harm to the safety or to the physical or mental health yourself or another individual;
 - iii. reveal personal data about another individual;
 - iv. reveal the identity of an individual who has provided personal data about another individual and the individual providing the personal data does not consent to the disclosure of his identity; or
 - v. be contrary to the national interest.

¹ The information you provide in this form will be used for the purpose of validating the authenticity of requestor and responding to this request.

- b. KWSH reserves the right to choose not to provide you with the personal data or other information where it relates to:
- i. opinion data kept solely for an evaluative purpose;
 - ii. a document related to a prosecution if all proceedings related to the prosecution have not yet been completed;
 - iii. personal data which is subject to legal privilege;
 - iv. personal data which, if disclosed, would reveal confidential commercial information that could, in the opinion of a reasonable person, harm the competitive position of KWSH;
 - v. personal data collected, used or disclosed without consent for the purposes of an investigation if the investigation and associated proceedings and appeals have not been completed;
 - vi. the personal data was collected by an arbitrator or mediator in the conduct of an arbitration or mediation for which he was appointed to act –
 - 1. under a collective agreement under the Industrial Relations Act (Cap. 136);
 - 2. by agreement between the parties to the arbitration or mediation;
 - 3. under any written law; or
 - 4. by a court, arbitral institution, or mediation centre; or
 - vii. any request –
 - 1. that would unreasonably interfere with the operations of KWSH because of the repetitious or systematic nature of the requests;
 - 2. if the burden or expense of providing access would be unreasonable to KWSH or disproportionate to the individual's interests;
 - 3. for information that does not exist or cannot be found;
 - 4. for information that is trivial; or

5. that is otherwise frivolous or vexatious.
- c. Where KWSH is the data intermediary. We reserve the right to decide on forwarding the request to the organisation that controls the personal data unless we are contractually bound to assist with responding to access or correction requests on the organisation's behalf.
 - d. Where KWSH no longer possesses the personal data and is thus unable to meet the individual's request.
 - e. Where the request is to provide information on the source of the personal data.

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Authorisation Form

I, _____ hereby authorize [Authorized Person's Name] to act on my behalf in all matters related to this Access, Correction and Consent Withdrawal request.

This authorisation includes:

- Conducting verification processes with you to verify the authenticity of such request.
- Accessing your records and providing access reports that are made required from this form.

I confirm that I shall not hold KWSH responsible for any liabilities, costs, expenses, claims or damages which may be incurred or suffered by us as a result of you carrying out your direction under this Authorisation form.

This authorisation is effective from Date: _____ and shall remain in effect until the request has been completed or until revoked in writing by me.

Accepted and Acknowledgement by

Authorised Person Signature:	
Authorised Person Name:	
Authorised Person Contact No:	
Authorised Person Email address:	
Date:	