**DATA SUBJECT REQUEST FORM**

Nicatto Health Dynamics (“Nicatto”) is committed in safeguarding your data privacy rights. In processing your personal data, we are guided by the principles of transparency, legitimate purpose and proportionality. Our priority is your privacy.

By accomplishing and submitting this form, you understand and agree that the information collected are necessary to address your request and shall only be stored for three months after fulfilling your request. For more information on how we process your personal data, please read our Privacy Notice.

**INSTRUCTIONS:**

1. This form should be submitted together with the following supporting documents to allow us to verify your identity or authority:
2. For the data subjects:
   1. Copy of valid government issued ID
3. For persons requesting for and on behalf of another:
   1. Authorization letter signed by the data subject;
   2. Copy of valid government issued ID of the data subject; and
   3. Copy of valid government issued ID of the representative
4. For the legal heirs and assigns of the data subject invoking the transmissibility of the right of the data subject:
   1. For deceased data subject: Copy of Death Certificate of the deceased data subject, Birth Certificate and copy of valid government issued ID of the legal heirs or assigns.
   2. For minor or incapacitated data subject: Copy of Birth Certificate of minor/incapacitated and copy of valid government issued ID of parents, guardian, or representative.
5. For organizations requesting on behalf of its members:
   1. Authorization letter signed by the data subject or any proof of authorization and
   2. Proof of membership of data subject in the organization
6. Once accomplished, please scan or take a photo of the form together with all your supporting documents and send them via email at [dataprivacy@nicattodyanmics.com](mailto:dataprivacy@nicattodyanmics.com).

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| **PART A. PERSONAL DETAILS** | |
| **I am a** | I own the personal data involved |
| I represent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the owner of the personal data involved. |
| **Name** |  |
| **Email Address** |  |
| **Contact Number** |  |
| **PART B. NATURE OF REQUEST** | |
| **Date of Request** |  |
| **Nature of Request** | Access  Rectify  Erasure  Copy/Transfer of Data  Complaint  Inquiry  Other: *[please describe the nature of your request]* |
| **Description of your Request** |  |
| **Reasons for Request** |  |
| **Documents or proof to support your request** |  |
|  | |
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| **PART C. PREFERRED WAY OF FEEDBACK ON REQUEST** | |
| Via email  Collect information in person  Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **PART D. 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 authorize Nicatto to verify/validate the contents stated herein. I understand and agree that the information collected shall be used to process my request.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over printed name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | |

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| **For Internal Use Only** | |
| RECEIVED BY: | DPO REMARKS: |
| DATE RECEIVED:  (DD/MM/YYYY) |