Appendix A

PERSONAL DATA PROTECTION ACT 2010

ASIA ONEHEALTHCARE GROUP DATA ACCESS REQUEST FORM

The following information is required to help us provide you a timely and accurate response to your Data Access Request pursuant to the Personal Data Protection Act 2010 and related amendments thereto.

Full Name of Data Subject or Relevant Person* (as per NRIC/Passport)		
NRIC/Passport No of Data Subject or Relevant Person		
Relevant Person's Relationship with Data Subject		
Address		
Mobile Number		
Email address		
Name of hospital/company under Asia OneHealthcare Group which you are requesting personal data from ("**Data Controller**")		

If you have been a patient at the Data Controller hospital, please provide your Medical Record Number

_____

If you are or have been employed at the Data Controller, please provide your Employment number and period of engagement

_____

Please provide details of the information you require from the Data Controller.

_____

Declaration:

I am the Data Subject/Relevant Person named above and hereby request under the provisions of Section 12 and 30 of the Personal Data Protection Act 2010 that the Data Controller provides me a copy of the personal data held about me as specified above. I understand that there may be a charge for this service and that Data Controller may contact me to request for payment, I also note that the Data Controller may respond by notifying me of a date and time to collect a copy of the document personally.

Signed :_____

Date :_____

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*(*Explanatory note: Data Subject refers to the individual who is the owner of the personal data. Relevant Person refers to, (a) in the case of Data Subject who is below the age of 18 years, the parent, guardian or person who has parental obligation for the Data Subject; (b) in the case of a Data Subject who is incapable of managing his/her own affairs, a person who is appointed by court to manage those affairs, or (c) a person authorized in writing by the Data Subject to act on behalf of the Data Subject. The person who requests for access to personal data is required to complete this form and submit a signed copy to the relevant hospital/company under Asia OneHealthcare Group*)