

## Personal Data Correction Request Form

I am requesting to correct the following personal data that I have previously submitted to Hwa Chong International School.

Previously submitted Personal Data	New Update
<b>Name:</b>	<b>Name:</b>
<b>Singapore Telephone Numbers:</b>	<b>Singapore Telephone Numbers:</b>
<b>Address:</b>	<b>Address:</b>
<b>Email Address:</b>	<b>Email Address:</b>
<b>Any other Information</b>	<b>Any other Information</b>

\* What is your relationship with HCIS? (Please tick one of these)

<input type="checkbox"/> HCIS Staff	<input type="checkbox"/> HCIS Student	<input type="checkbox"/> HCIS Parent
<input type="checkbox"/> Former HCIS Staff	<input type="checkbox"/> HCIS Alumni	<input type="checkbox"/> Former HCIS Parent
<input type="checkbox"/> Job applicant	<input type="checkbox"/> Student Applicant	<input type="checkbox"/> Vendor
<input type="checkbox"/> For others, please specify:		

**Note:**

1. In order for HCIS to verify the authenticity of the requester, HCIS staff will contact you for verification, in person and/or via other communication channels such as telephone and/or email.
2. Please ensure accuracy when providing us with the information requested in this form. The personal data submitted to us in this form is necessary for processing your request, and any inaccuracies, errors or omissions in the personal data submitted may result in delays in processing the request and/or our inability to process your request.

3. Your Personal Data Correction request will be subject to approval following our receipt and approval of this completed form. We will endeavour to provide our response within the statutory period (subject to such extensions as may be permitted).
4. We reserve the right to refuse to process the Personal Data Correction Request Form in accordance with Section 22 and Sixth Schedule of the PDPA.
5. We may have disclosed the personal data to be corrected herein to other organizations within the preceding year and we may disseminate your corrections herein to these other organizations. If you wish to restrict the organizations to which we may make such disclosures, please identify the organizations to whom we may share these corrections.

### Confirmation

I confirm that this request relates to my own personal data. I declare that the information provided in and with this request are true in every respect, and agree that such information may be collected, used and disclosed by the Hwa Chong International School for the purpose of processing this request and/or in accordance with its data protection policy.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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### Office Use Only

**Name of the Officer handling:** \_\_\_\_\_

**Remarks:**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_