

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PERSONAL DATA CORRECTION REQUEST FORM

To: UNITED OVERSEAS BANK (MALAYSIA) BHD ("UOBM")

Guide for making a Personal Data Correction Request ("DCR")

For the purpose of this form:

- a Data Subject is an individual who is requesting to correct his/her personal data; and
- a Third Party Requestor is another individual/entity that is requesting to correct the personal data of the Data Subject

Sections to fill:

- Sections applicable to requests made by a Data Subject personally: 1, 3, 4 & 5
- Sections applicable to requests made by a Third Party Requestor: 2, 3, 4 & 5

Supporting documents required:

- For Data Subjects – Copy of National Registration Identification Card (NRIC) or passport bearing signature of Data Subject.
- For Third Party Requestors (Individual) – Copy of National Registration Identification Card (NRIC) or passport bearing signature of Third Party Requestor as well as documents evidencing the right/authority of the Third Party Requestor to the information of the Data Subject.
- For Third Party Requestors (Entity) – Certified true copies of identity of Third Party Requestor as well as documents evidencing the right/authority of the Third Party Requestor to the information of the Data Subject.

Compliance with requests:

Please note that we may not be able to comply with your request in certain circumstances, e.g. where we are not satisfied that the personal data to which your request relates is inaccurate, incomplete, misleading or not up-to-date in the first place, or where we are of the view that the correction requested is inaccurate, incomplete or misleading. However, we will notify you of any such decision.

Completed form:

Please send in all completed forms to the following address:
Customer Communications Management (PDPA)
UOB Call Centre
P.O.Box 11212
50738 Kuala Lumpur

Contact Us

Should any advice or guidance be required in completing this form, please contact UOB Call Centre at 03-2612 8121 or speak to any Customer Service Officer at any of our branches.

Please tick [✓] one of the following:

- I am a customer/former customer of UOBM and I would like to correct my personal data (Please proceed to Section 1)
- I have previously dealt with UOBM and I would like to correct my personal data (Please proceed to Section 1)
- I am making this correction request in respect of the personal data of another person (Please proceed to Section 2)

For all other requestors, please contact us directly.

SECTION 1: TO BE FILLED UP BY A DATA SUBJECT

PARTICULARS OF DATA SUBJECT

Full name
(as per NRIC)

New NRIC
(Copy to be attached)

Passport Number
(Copy to be attached)

*House Phone

*Office Phone

*Mobile Phone

*Non-Mandatory Information

SECTION 2: TO BE FILLED UP BY THIRD PARTY REQUESTOR

(A) THIRD PARTY REQUESTOR

This request is based on* (please tick [✓] one of the following):

- I am acting under the Data Subject's authorization / mandate / Power of Attorney
- I am the legal / personal representative of the Data Subject
- I have a Warrant / Court Order allowing correction to the Data Subject's personal data
- I am the executor / administrator of the Data Subject's estate
- Others (Please specify) _____

*Please enclose proof of your authority to access the personal data of the Data Subject. You must ensure that the document has been certified by a Commissioner for Oaths, a Notary Public or an Advocate & Solicitor.

(B) PARTICULARS OF DATA SUBJECT

Full name
(as per NRIC)

New NRIC
(Copy to be attached)

Passport Number
(Copy to be attached)

(C) PARTICULARS OF THIRD PARTY REQUESTOR

Full name
(as per NRIC)

New NRIC
(Copy to be attached)

Passport Number
(Copy to be attached)

Company Registration Number

Address Line 1

Address Line 2

Address Line 3

Address Line 4
(foreign address)

Postal Code

Town / City

Country

*House Phone

*Office Phone

*Mobile Phone

*Non-Mandatory Information

SECTION 4:
ADDITION OF PERSONAL DATA: (please indicate the personal data to be added)

* Attach additional sheets if necessary

Personal Data Item (e.g. name, residential status, country of citizenship, etc)	Personal Data to be added

SECTION 5:
DELETION OF PERSONAL DATA: (please indicate the personal data to be deleted and reason(s) of deletion)

*Attach additional sheets if necessary

Personal Data to be deleted	Reason(s) for deletion

SECTION 6:

In complying with this data correction request, I request that you to send by registered mail a copy of the corrected data to me.

Please write to me (please refer to details provided in Section 1 or 2 (C) above) to update me on the status of my request.

*Due to security concerns, for personal requests from the Data Subject, we will be posting the corrected data to you at your last known address in our records.

SECTION 7:
Declaration

I/We, _____ hereby certify that the information given in this form and any documents submitted/enclosed are true and accurate. I/We understand that: (i) it will be necessary for you to verify my/our / the Third Party Requestor's identity, and (ii) that you may contact me/us in order to verify the personal data to be corrected.

I/We also understand that any and/or all personal data provided by me/us in this Personal Data Correction Form will be collected and processed by you as personal data in accordance with the Personal Data Protection Act 2010.

Signed: _____

Date: _____

For Bank Use Only				
For Branch Use Only			For RTO – COC Use Only	
<input type="checkbox"/> Interbranch Handling of Change of Address / Contact Details – Mykad Biometric Verification				
Customer CIF No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date SR Closed	
SR No.	<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Verified By	Approved By	Process By	Checked By
Signature				
Name				
Date				
*For application send to COC, this must be approved by authorized officers as per list submitted to COC				