



Third Party Personal Data Correction Request Form

Customer's Particulars									
Full Name (As per ID)									
New NRIC / Passport No.									
Correction of Customer Personal Data (Please indicate only the personal data to be corrected)									
Full Name*									
(As per ID)									
Primary ID	ID No.*	ID Type	ID Country*	ID Issue Date* (DDMMYYYY)	ID Expiry Date* (DDMMYYYY)				
				D D M M Y Y Y Y	D D M M Y Y Y Y				
Additional ID				D D M M Y Y Y Y	D D M M Y Y Y Y				
Date of Birth	D D M M Y Y Y Y	Country of Birth	Country of Citizenship*						
Marital Status	Residential Status <input type="checkbox"/> Resident <input type="checkbox"/> Non- Resident		Country of Residence						
Race	Permanent Resident of Malaysia (Applicable to Non-Malaysian) <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident of any country outside Malaysia (Applicable to Malaysian) <input type="checkbox"/> Yes <input type="checkbox"/> No						
Gender	Education Level		Annual Income						
Employer's Name				Job Designation					
Employment Sector									
Occupation / Business Type									
<p>* Data Subject to bring along original NRIC / Passport for identification purpose at any of our branch</p> <p>For bank use: To obtain "Self-Cert on Tax Residency Status" if any changes/ pending/ incomplete FATCA/ CRS info in BWCIF</p>									
Updating Customer Address Detail for Account(s) / Service(s)									
<input type="checkbox"/> Please update ALL my account(s) where I am the primary account holder. <input type="checkbox"/> Please update ONLY my account(s) stated below where I am the primary account holder:									
Account Number				Credit Card Number					
(Please tick & indicate only the address to be corrected)									
<input type="checkbox"/> New Residential Address									Line 1
<input type="checkbox"/> New Residential Address									Line 2
& Mailing Address									Line 3
Postcode:	Town / City:		State:		Country :				
<input type="checkbox"/> New Mailing Address									Line 1
									Line 2
									Line 3
Postcode:	Town / City:		State:		Country :				
<input type="checkbox"/> Home Country Address (mandatory for non-Malaysian only)									Line 1
									Line 2
									Line 3
	Town / City:				Country :				
Updating Customer Contact Detail(s)									
[i] Maximum 1 contact detail per type.									
Local Home	+	-	-	Mobile Phone	+	-	-		
[CountryCode]		[AreaCode]	[Home No.]	[CountryCode]		[AreaCode]	[Mobile phone No.]		
Local Office	+	-	-	Fax	+	-	-		
[CountryCode]		[AreaCode]	[Office No.]	[CountryCode]		[AreaCode]	[Fax No.]		
Email Address									

Submitted By Third Party Requestor

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

- ☐ I am acting under the Data Subject's authorisation / 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 Commissioner for Oaths, a Notary Public or an Advocate & Solicitor.

Particular Of Third Party Requestor

Full Name				
New NRIC / Passport / Company Registration No. (Copy to be attached)				
Address	<div>Line 1</div> <div>Line 2</div> <div>Line 3</div>			
	Postcode:	Town / City:	State:	Country :
	Local Home No.	+ _____ - _____ - _____ [CountryCode] [AreaCode] [Home No.]		
	Local Mobile Phone No.	+ _____ - _____ - _____ [CountryCode] [AreaCode] [Mobile phone No.]		
Local Office No.	+ _____ - _____ - _____ [CountryCode] [AreaCode] [Office No.]			

Notes:

Documents Required for:

- Individual Third Party Requestors – 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.
- Entity Third Party Requestors – 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.

Authorisation

I, _____ hereby certify that the information given in this form and any documents submitted /enclosed are true and accurate. I understand that : (i) it will be necessary for you to verify my identity, and (ii) that you may contact me in order to verify the personal data to be corrected. I also understand that any/or all personal data provided by me in this Personal Data Correction Request Form will be collected and processed by you as personal data in accordance with Personal Data Protection Act 2010**.

Customer Signature

Date: - -

** Please refer to http://www1.uob.com.my/assets/pdf/pdpa/pdpa_privacy_notice.pdf

- Restricted Information - Please note that we will not be able to comply with your request in certain circumstances, e.g. where we are provided with insufficient information to locate the personal data requested for, where the request relates to personal data which is commercially confidential to us or where we are unable to verify the identity of the requestor, but we will notify you of any such decision.
- For personal requests from the Data Subject, we will be posting the corrected data to you at your last known address in our records.
- Please send in all completed forms to the following address:

Customer Communications Management (PDPA)
UOB Call Centre
P.O.Box 11212
50738 Kuala Lumpur

For Bank Use Only

<input type="checkbox"/> OTC ¹ <input type="checkbox"/> Offsite(with Biometric) ² <input type="checkbox"/> Offsite(without Biometric) ³ Offsite Collected By: _____ <input type="checkbox"/> Mail In ⁴ <input type="checkbox"/> Fax ⁵	Attended By _____ Name _____ Rec Date & Time _____	Approved By _____ Name _____ Rec Date & Time _____	3RD PARTY P.DATA CORRECTION FORM (SNV): SLA = T, latest T+1 Day	
	<input type="checkbox"/> Customer Signature Verified ^{1,2,3} <input type="checkbox"/> MyKad Biometric Verified ^{1,2}	<input type="checkbox"/> Supporting Document, if any ^{1,2,3,4,5}	EWF Maker _____ Name _____ Scan Date & Time _____ Job Batch ID No. _____	EWF Checker _____ Name _____ Date _____ No. of Page _____

**This section is applicable ONLY when there is a change in Customer Name, ID Number, Address or Date of Birth (DOB).
(Please ensure to tick. Tick only One(1) box.)**

Justification Category	For Changes in:	Justification/Reason
<input type="checkbox"/> 1. Change in information provided by customer	▪ Customer Name	Customer request for change of name as per legal document (i.e. ID/Passport etc.)
	▪ ID Number	Customer request for update of ID eg passport renews, add or remove New ID / Change in citizenship or add ID/ PP of other country eg PR
	▪ Address	Customer changed address from home to office or vice versa/move in to new address
<input type="checkbox"/> 2. Change in bank business operations	▪ Customer Name	Update customer's name per copy of IC/ Passport / RAMCI/ legal document
	▪ ID Number	Add/ Remove/ Swap customer's ID No. per copy of IC/ RAMCI/ any valid supporting document
	▪ Address	Update customer's address per copy of IC/ Passport / RAMCI/ any valid supporting document
<input type="checkbox"/> 3. Data input/ classification/ error reporting	▪ Customer Name ▪ ID Number ▪ Address ▪ Date of Birth	Wrong data input/processed by bank staff
<input type="checkbox"/> 4. Technical issues	▪ Customer Name ▪ ID Number ▪ Address	Data errors arising from new solution or systems during initial roll out