



## Personal Data Access Request Form

All fields marked with\* should be filled up.

### Particular of Data Subject

Full Name *	
New NRIC/ PP No.* (Copy to be attached)	

### Particular of Third Party Requestor \*\*

Company / Full Name			
New NRIC / PP No. / Company Registration No. (Copy to be attached)			
Address			Line 1
			Line 2
			Line 3
Postcode:	Town / City:	State:	Country :

#### Contact Details

Home	+	[CountryCode]	-	[AreaCode]	-	[Home No.]	e.g. for Malaysia : +60 - 03 - 12345678
Office	+	[CountryCode]	-	[AreaCode]	-	[Office No.]	
Mobile	+	[CountryCode]	-	[AreaCode]	-	[Mobile No.]	

\*\*Proof of authority to access the personal data of the Data Subject must be attached.

### Personal Data Sought \*

Please tick (✓) the category of personal data that is being requested.

- |  |  |
|--|--|
| <input type="checkbox"/> Name  | <input type="checkbox"/> Gender                      |
| <input type="checkbox"/> National Registration Identification Card   | <input type="checkbox"/> Race                        |
| <input type="checkbox"/> Passport Number                             | <input type="checkbox"/> Citizenship                 |
| <input type="checkbox"/> Registered Address                          | <input type="checkbox"/> Date of Birth               |
| <input type="checkbox"/> Electronic Address - Contact Details        | <input type="checkbox"/> Marital Status              |
| <input type="checkbox"/> Resident                                    | <input type="checkbox"/> Employment Details          |
| <input type="checkbox"/> Mailing Address of following ticked account |  |
| <input type="checkbox"/> Savings Account                             | <input type="checkbox"/> Current Account             |
| <input type="checkbox"/> Fixed Deposit                               | <input type="checkbox"/> Unit Trust                  |
| <input type="checkbox"/> Structured Investment                       | <input type="checkbox"/> Retail Bond                 |
| <input type="checkbox"/> Credit Cards                                | <input type="checkbox"/> Loan                        |
| <input type="checkbox"/> Bancassurance                               | <input type="checkbox"/> Custody and Nominee Account |
| <input type="checkbox"/> Others                                      |  |

I/We hereby request:

- ☐ to be informed whether or not UOBM holds any such personal data  
☐ to be supplied with a copy of such personal data requested  
☐ to be supplied with personal data requested without a copy  
 (only applicable for any data access requests made at any of our branches)

## Collection Mode and Payment Details \*

In complying with this data access request, I/we request that a copy of the requested data is couriered to me/us at :-

- (a) my last known address in your records (for requests from the data subject); or  
(b) the address stated above (for requests from third party requestor).

For the fees payable to this request, I/we hereby request to settle by:

☐ Cash

☐ Debiting my/our Current Account / Savings Account

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## 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 identity, and (ii) that you may contact me/us for more detailed information in order to locate the personal data requested.

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

Acknowledge receipt by UOBM:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date & Time

☐ OTC - Provide a photocopy as acknowledgement to customer

\_\_\_\_\_  
Customer's Signature

Name:

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
D D M M Y Y Y Y

## For Bank Use Only

☐ OTC<sup>1</sup>

☐ Offsite (with Biometric)<sup>2</sup>

☐ Offsite (without Biometric)<sup>3</sup>  
Offsite Collected By

\_\_\_\_\_  
Name

☐ Mail In<sup>4</sup>

☐ Fax<sup>5</sup>

Attended By

Approved By

\_\_\_\_\_  
Name

Rec Date & Time

☐ Customer signature verified<sup>1</sup>

☐ MyKad biometric verified<sup>1,2</sup>

☐ Supporting Document, if any<sup>1,2,3,4,5</sup>

\_\_\_\_\_  
Name

PERSONAL DATA ACCESS REQ. (SNV): SLA = T, latest T+1 Day

EWf Maker

EWf Checker

\_\_\_\_\_  
Name

Scan Date & Time

Job Batch ID No.

\_\_\_\_\_  
Name

QR Date & Time

No. of Pages

Please refer to [http://www1.uob.com.my/assets/pdf/pdpa/pdpa\\_privacy\\_notice.pdf](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.

- 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