

**Request for personal information**

Important notice to requester :

- a) For requesting access to personal information, please complete all parts except Part C.
- b) For requesting correction to personal information, please complete all parts.

**Part A: Requester's Details**

We must be sure that we are releasing information to the right person. Please tell us the following information. We may ask you for further proof of identity or address details.

<b>Full name:</b>	
<b>Previous name(s) (if applicable):</b>	
<b>Date of birth:</b>	
<b>NRIC/ Passport number:</b>	
<b>Full address (including postcode):</b>	

**Part B: Personal Information Requested**

Please tell us what information you require. This will help us deal with your request more quickly.

Information Required (Please be as specific as possible)

**Part C: Changes to Personal Data**

Please list the personal data which you would like to be change and provide the necessary supporting documents.

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**Part F: Declaration**

I declare that the information I have provided above is correct.

\_\_\_\_\_  
Signed:

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

You can email us at: [DPO@hcahospicecare.org.sg](mailto:DPO@hcahospicecare.org.sg) or

Send to us by post at the following address:

**The Data Protection Officer  
HCA Hospice Care  
12 Jalan Tan Tock Seng  
Singapore 308437**