

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.

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

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:

Please send or take this form to your nearest HCA centre. You can email us at:
DPO@hcahospicecare.org.sg or

Send to us by post at the following address:

**HCA Hospice Care Headquarters
705 Serangoon Road Block A #03-01
Singapore 328127**