PERSONAL DATA ACCESS OR CORRECTION FORM

<u>Please fill in all relevant details below to enable IJN to provide you with access to the personal data requested.</u>

A. <u>IDENTITY OF THE REQUESTOR</u>						
Please indicate:						
] I am the data subject						
[] I am making this request for personal data of another person ("Third Party Requestor")						
B. <u>LATEST PARTICULARS OF THE DATA SUBJECT</u>						
Full name						
NRIC/Passport Number (To provide Passport Number if the Requestor is not a Malaysian citizen):						
Correspondence Address						
Contact Number						
Email Address						
C. LATEST PARTICULARS OF THE THIRD PARTY REQUESTOR Please fill in the following details if you are a Third Party Requestor:						
Full name						
NRIC/Passport Number (To provide Passport Number if the Requestor is not a						

^{**} For the purposes of this Form:

[&]quot;PDPA" refers to the Personal Data Protection Act 2010

[&]quot;IJN" refers to Institut Jantung Negara Sdn Bhd

[&]quot;data subject" refers to an individual who is the subject of the personal data.

Malaysian citizen):		
Correspondence Address		
Conta	ct Number	
Email	Address	
Please i	indicate your purpos	se for requesting the personal data of the data subject:
	I have been authorequest.	orised by the data subject in writing to make this data access
	The data subject is over the data subje	a minor and I am the parent/legal guardian/parental responsibility ct.
	The data subject is by Court to manage	s incapable of managing his/her affairs and I have been appointed his/her affairs.
	The data subject had data subject's estat	as passed away and I have been appointed as administrator of the te.
	other reason: (plea	se specify):
D.]	THE NATURE OF T	HE DATA SUBJECT'S RELATIONSHIP WITH IJN
Please	state the nature of th	ne data subject's relationship with IJN.
Registra		ect - Please enclose with this Form a photocopy of your National and (NRIC) or the first page your passport containing your personal fy your identity.
from the	e data subject and/	Requestor – Please enclose with this Form an authorisation letter or any other certified documentation as proof of your authority to ersonal data in accordance with Paragraph C above.
[]	A current* / former	* patient of IJN
[]	A current* / former	* employee of IJN
[]	A current* / former	* business partner or service provider of IJN
[]	others – please sp	ecify
(*delete	e where applicable)	

E. THE PERSONAL DATA REQUESTED

Please pro	ovide a	description	of the	e personal	data	requested	for.	Where	you	also	wish	to
correct the	persona	al data, plea	ase des	cribe the r	elevar	nt correction	าร to	the per	sona	l data	-	

COLLE	ect the personal data, please describe the relevant corrections to the personal data.
	may also include any relevant additional information which may assist IJN in providing with details pertaining to the personal data.
	u wish to access the personal data, please specify if you would like to simply view the onal data or to receive a copy of the personal data:
[] View [] Copy
	copy of the personal data is required, please also indicate the preferred manner of ery in relation to the personal data:
] []] mailed to the correspondence address as above;] mailed to the email address as above; or] to be collected by you personally at IJN.
F.	DECLARATION
I, the li	hereby confirm that information given in this Form and any documents enclosed are true and accurate.
Sign	ature:
Date	·
**No	tes to the Requestor
1.	Please note that in accordance with the PDPA, IJN reserves the right to:
(a) (b)	charge a prescribed fee for processing your request for access or correction; and refuse to comply with your request for access or correction to your personal data/restrict your access to certain information.
2.	IJN may contact you for additional information to process the personal data access/correction request.