

ACCESS, CORRECTION, CONSENT WITHDRAWAL REQUEST FORM



To: Data Protection Officer, Paya Lebar Methodist Church, PLMC

My name is _____, NRIC / Passport No. _____.
(name as per NRIC/Passport)

Contact Number: _____

I am a member / worshipper of PLMC.

I wish to request *(check ✓ box as appropriate)* –

- access to my personal data kept at PLMC office *(please complete Section A)*
- correction of my personal data kept at PLMC office *(please complete Section B)*
- withdrawal of consent for PLMC to use my personal data *(please complete Section C)*

I consent to PLMC using information provided in this form for the purpose of attending to my request as stated.

Signature of Requestor & Date

Section A: Access Personal Data Kept at PLMC office	
I would like to access the following information <i>(check ✓ whichever is applicable)</i>	
1. <input type="checkbox"/> Date baptised at PLMC 2. <input type="checkbox"/> Date joined as member of PLMC 3. <input type="checkbox"/> Membership ID 4. <input type="checkbox"/> Others <i>(please elaborate)</i> : _____	
Section B: Correction of Personal Data Kept at PLMC office	
I would like to update change(s) to my personal data –	
Personal Data <i>(check ✓ box or boxes)</i>	Request change in Personal Data <i>(please write legibly)</i>
1. <input type="checkbox"/> Change of Residential Address <i>(include postal code)</i>	
2. <input type="checkbox"/> Change of Residential Tel No.	
3. <input type="checkbox"/> Change of Email Address	
4. <input type="checkbox"/> Change of Mobile Number	
5. <input type="checkbox"/> Change in Marital Status <i>please provide supporting document</i>	
6. <input type="checkbox"/> Others <i>(please elaborate)</i>	

Section C: Withdrawal of Consent for Use of Personal Data Kept at PLMC Office

As a member of The Methodist Church in Singapore, you promised to uphold the Church by my prayers, presence, presents and participation. It calls you to be a fully participatory and contributing member to the life of the Church.

If you should withdraw consent for the use of the following personal data, you will not be able to participate fully in the life of the Church.

I do not wish to be contacted through my *(please check ✓ appropriate box or boxes)* –

1. Postal Address
2. Email
3. Mobile Call
4. Mobile Message (SMS)
5. Office Number
6. Residential Number

Signature of Requestor & Date

Important Notes:

- a. Your request will be processed within seven (7) working days. Where this is not practicable, we will email or call you
- b. In processing your request, DPO, his deputy or authorised staff member of the church will contact you to verify authenticity of request and seek clarification, if any.

For Official Use Only

Request / Case No:		
Request received on:		<i>(dd/mm/yy)</i>
Request processed by:		<i>(name of staff member)</i>
Section A Request	Section B Request	Section C Request
<input type="checkbox"/> requestor verified and request clarified	<input type="checkbox"/> requestor & change of personal data verified	<input type="checkbox"/> requestor verified and request clarified
<input type="checkbox"/> provide access to personal data requested	<input type="checkbox"/> change in personal data updated on PLMC records <input type="checkbox"/> requestor informed	<input type="checkbox"/> requestor informed that withdrawal of consent will be observed
<input type="checkbox"/> case closed (dd/mm/yy)	<input type="checkbox"/> case closed (dd/mm/yy)	<input type="checkbox"/> case closed (dd/mm/yy)
Initial of DPO/Asst DPO & Date		