



## ACCESS REQUEST FORM

### I. APPLICATION TO ACCESS PERSONAL DATA

1. Under the Personal Data Protection Act 2012 (“PDPA”), you are entitled to request for your personal data that we have, and to know how your personal data has been used or disclosed over the past year.
2. Please complete this form and submit it to [PDPA\\_DPO@awwa.org.sg](mailto:PDPA_DPO@awwa.org.sg).

### II. PARTICULARS OF REQUESTOR

#### Section A

|  |  |
|--|--|
| <b>Name of requestor (Full name) :</b>   | <b>Name of requestor’s NRIC (last 4 digit) :</b> |
| <b>Contact number:</b>   | <b>Email address:</b>                            |
| <b>Relationship to the person stated in Section B (“Client”) where relevant:</b> |  |

**Please check the applicable box, You may select more than one:**

I am a donor  
 I am a volunteer

I am a client. Please indicate details in Section B.  
 I am a caregiver/guardian of a client (Please indicate the client’s details in Section B)

#### Section B

|                                    |  |
|------------------------------------|--|
| <b>Name of Client (Full name):</b> | <b>Name of Client’s NRIC/BC (last 4 digits):</b> |
| <b>Name of programme/service:</b>  | <b>Location of centre :</b>                      |
| <b>Contact number:</b>             | <b>Email address:</b>                            |

### III. DESCRIPTION OF THE PERSONAL DATA REQUESTED

To enable us to process your access request quickly and efficiently, please provide us with as much information as possible about the personal data you are requesting access to (e.g., type of personal data, date, time and etc).

**IV. DECLARATION**

By submitting this form, I confirm that the information stated above is true, complete and accurate to the best of my knowledge and belief. A proof of identity and/or authorization letter has been enclosed. I am also aware that fees may be charged for the request after evaluation by AWWA.

|                                   |                                |
|-----------------------------------|--------------------------------|
| <hr/> <b>Name &amp; Signature</b> | <hr/> <b>Date (DD/MM/YYYY)</b> |
|-----------------------------------|--------------------------------|

**Additional Notes:**

**1. Fees and Processing**

- A. Please note that an administrative fee may be charged for processing your request, depending on the nature and complexity of the request. We will inform you of any such fee, via the contact details listed on this form, before processing your request.
- B. Mode of payment accepted will only be cash, cheque and bank transfer. Access requests will only commence once payment has been received by AWWA.

**2. Denial of Access Request**

- A. AWWA has the right not to grant an access request if it is prohibited under the PDPA or other written law.

**3. Processing**

- A. In order to process your request, we may require further identification or documentation for verification purposes. Rest assured that any additional information, including Personal Data, will be deleted once the request has been completed.
- B. AWWA will endeavor to respond to your request within 30 business days of receipt of this completed form. Should we not be able to respond to your request within this time or if we are unable to provide you with the personal data requested by you, we shall inform you accordingly and will generally provide the reasons for the delay and the expected time required or why we are unable to fulfill your request (except where we are not required to do so under the PDPA).



## ACCESS ACKNOWLEDGEMENT FORM

### ACKNOWLEDGEMENT OF PERSONAL DATA RECEIVED FOR AN ACCESS REQUEST

|                                   |
|-----------------------------------|
| <b>Name of Programme/Service:</b> |
| <b>Name of Recipient:</b>         |
| <b>Contact Details:</b>           |

| No | Document/Material | Date Received |
|----|-------------------|---------------|
| 1  |                   |               |
| 2  |                   |               |
| 3  |                   |               |
| 4  |                   |               |
| 5  |                   |               |

|  |   |
|--|---|
| <hr style="width: 80%; margin: 0 auto;"/> <p><b>Signature of Recipient</b></p> | <hr style="width: 80%; margin: 0 auto;"/> <p><b>Date (DD/MM/YYYY)</b></p> |
|--|---|

| For Internal Use Only   |                                       |
|---|---------------------------------------|
| <b>Staff handling access request:</b>                                     |                                       |
| <b>Request outcome: Approved/Rejected</b><br><b>Reason for rejection:</b> |                                       |
| <b>Fee charged?</b>   |                                       |
| <b>Signature:</b>   | <b>Date of completion of request:</b> |