

PERSONAL DATA ACCESS REQUEST FORM

1. Please note that CKL Holdings Sdn Bhd (which includes all its subsidiaries, related and/or associated companies) (“**Company**”) reserves the right to restrict your access to certain personal data or refuse to comply with your Personal Data Access Request as may be permitted under the Personal Data Protection Act 2010.
2. Your request may not be processed if the information/document provided is incomplete.
3. You must provide the supporting documents and pay the relevant processing fees. Failing receipt of the supporting documents and payment of the processing fees, the Company will not be able to process your Personal Data Access Request.
4. Processing Fees:

Type of Personal Data Requested	To View Personal Data Without a Copy	To Receive a Copy of Personal Data
Personal Data	RM 2	RM 10
Sensitive Personal Data <i>(means health information, political opinions, religious beliefs, the commission or alleged commission of an offence)</i>	RM 5	RM 30

5. Personal data collected on this form is required to enable your Personal Data Access Request to be processed, and will only be used in connection with such request.

Full Name (as per NRIC/Passport)	
NRIC No./Passport No. <i>(Please provide a photocopy of your NRIC/Passport)</i>	
Contact Details	Telephone No.: Fax No.: Email Address: Home Address:
Please state the nature of your relationship with the Company	<input type="checkbox"/> A current/former customer <input type="checkbox"/> A current/former employee <input type="checkbox"/> A current/former vendor/supplier/contractor/distributor/business partner/service provider <input type="checkbox"/> Other (specify) _____
THE PERSONAL DATA SOUGHT AND THE REQUEST	
Please provide a description of the personal data you are requesting for, and any relevant additional information which can assist us in providing you with a copy of the personal data you are requesting for.	

Please specify if you would like to simply view the personal data or to receive a copy of the personal data	<input type="checkbox"/> View <input type="checkbox"/> Receive a copy
Please specify your preferred manner of delivery	<input type="checkbox"/> Please mail it to my home address <input type="checkbox"/> Please mail it to my email address <input type="checkbox"/> I will collect it personally from your office

DECLARATION

I confirm that the information given in this form and any supporting documents enclosed are true and accurate. I understand that it will be necessary for the Company to verify my identity and my authorisation (if applicable) and that the Company may contact me for more detailed information in order to locate the personal data requested.

I also consent to the Company processing any of my personal data provided by me in accordance with the Company's Privacy Policy.

Signed : _____

Date : _____

OFFICIAL USE ONLY

Received by:
Name:
Designation:
Office/branch:
Date received: