



ERASURE REQUEST FORM

Version No. 1

After filling up this form, kindly send to:

Abaqa Data Protection Officer

Mailing Address: Data Privacy Officer, 47 Scotts Road, Goldbell Towers, #16-01/02, Newton, 228233, SG

Email Address: golcoin.dpo@aboitiz.com

Email Subject Format: (NAME OF RIGHT) - NAME OF DATA SUBJECT/REQUESTOR

example: RIGHT TO ACCESS - JUAN DELA CRUZ

The information collected in this form will be used for the sole purpose of complying to the request of the data subject or his/her authorized representative. The company may require additional information as may be necessary to confirm the identity of the requesting individual or his/her authorized representative, taking into consideration the principle of proportionality. Any information collected shall be disposed of after 12 years.

INSTRUCTIONS: Fill in all details completely. Write N/A if not applicable.

I. DATA SUBJECT INFORMATION

FULL NAME	
ADDRESS	
EMAIL ADDRESS	
MOBILE NUMBER	

II. DESCRIPTION OF INFORMATION REQUESTED FOR ERASURE *(Please provide sufficient details about the personal data you are requesting for erasure. Use a separate sheet if necessary.)*

III. GROUND/S FOR ERASURE REQUEST *(Make appropriate boxes as applicable and provide/attach substantial proof.)*

Personal data is:	<input type="checkbox"/> incomplete	<input type="checkbox"/> outdated	<input type="checkbox"/> false	<input type="checkbox"/> unlawfully obtained
Please provide details: _____				
<input type="checkbox"/> Personal data is/are used for an unauthorized purpose/s.				
Please provide details: _____				

<input type="checkbox"/> Personal data is/are no longer necessary for the purpose/s for which they were collected.
Please provide details: _____
<input type="checkbox"/> Withdrawal of consent or objection to the processing (<i>and there are no other applicable lawful criteria for processing</i>).
Please provide details: _____
<input type="checkbox"/> Personal data concerns private information that is prejudicial to the data subject.
Please provide details: _____
<input type="checkbox"/> Processing is unlawful.
Please provide details: _____
<input type="checkbox"/> The personal information controller (PIC) or personal information processor (PIP) violated your rights as a data subject.
Please provide details: _____

IV. DECLARATION

I declare that this form is accomplished by the undersigned and is a true, correct, and complete statement of the information contained herein. I also authorize the company to verify/validate the contents stated herein.

SIGNATURE OVER PRINTED NAME

V. AUTHORIZED REPRESENTATIVES

FULL NAME	
ADDRESS	
EMAIL ADDRESS	
MOBILE NUMBER	



I declare that this form is accomplished by the undersigned as the authorized representative of the data subject. It is a true, correct, and complete statement of the information contained herein. Enclosed is the proof of the authority to act on behalf of the data subject. I authorize the company to verify/validate the contents stated herein.

SIGNATURE OVER PRINTED NAME

FOR INTERNAL USE ONLY	
RECEIVED BY:	REMARKS:
DATE RECEIVED:	
TRANSACTION NO.: ER-2021-00__	