FORM

REQUEST FOR ACCESS AND/OR CORRECTION OF RETAINED PERSONAL INFORMATION IN EPSON'S POSSESSION

The following information is needed to help us give you, the Data Subject, a quick and accurate response to your enquiry. Please complete the information below and send it to the Data Protection Officer, at the contact details provided below. We will revert with the information requested (if any) within 30 days from the date of your request.

PART I. Your Request					
Title					
Surname					
First Name					
NRIC No:					
Address:					
Email address					
Other name/s by which					
you have been known (if					
applicable)					
Relationship to Epson					
(e.g. customer, vendor,					
channel partner, ex-employee					
etc.) Is your request for one or	more of the following?				
	-				
	ersonal information held by us?				
☐ To be provided with details of how your personal information has been handled by us?					
☐ To request for a deletion of all your personal information held by us?					
· ·	correction to your personal information? If yes, please elaborate furt	ner in the tex	(t		
box below.					
☐ For any other rea	son. If yes, please elaborate further in the text box below:				
To assist us in providing you with and/or amending the personal information requested, please tick the					
relevant boxes below:					
		Yes N	0		
a. When did you provide your personal information to us? Was it:					
b. before 8 September 2012?					
c. after the period of 8 September 2012?					
d. would you know the names of the Epson personnel/department whom you believe may					
hold the information about you?					
e. Have you previously made a request for disclosure of your personal information held by us?					
f. If you answered "Yes" t	o question (a) and/or (d) and/or (e), please provide further informat	ion in the tex	۷t		
box below:					
Details of when your personal information was collected, names of Epson personnel / departments or date when last request for disclosure					
was made (please continue on a	separate sheet of paper if the space provided is insufficient):				

Part II. Proof of identity

Epson Philippines Corporation ("EPSON") shall require you to provide proof of identity to satisfy itself as to the identity of the person making the request. Documents required for proof of identity/verification purposes could be a photocopy of one form of identification containing a photograph (e.g. Passport or driving license).

Part III. Exclusions

For the avoidance of doubt, the requested data access and/or correction request to which is sought may be denied by EPSON where it falls within one of Exceptions to access requirement stipulated under the Data Privacy Act 2012 (the "DPA"). Where we refuse to comply with a data access / correction request, we shall inform you in writing within 30 days from the date that we have received your access and/or correction request, of the reasons for our refusal.

POSSESSION (Cont.) Part IV. Preferred Manner of Compliance I would prefer that you: Send by ordinary mail a copy of the requested personal information to me at my correspondence address given in this form; or Supply me with a copy of the personal information in the form of an email. Part V. Payment I understand that the chargeable fee will be PHP[600.00] per hour [(subject to a minimum retrieval fee of PHP[600.00])] and takes into account the time needed for verifying, locating, retrieving, reviewing and copying the information requested as well as any other associated costs and expenses that may arise from conducting such retrieval. You will be notified of the anticipated fee chargeable, prior to the retrieval of your personal information. Payment shall be payable via cheque. Part V. Declaration I am the person named in Part A of this document, and hereby request, under the provisions of the DPA, that EPSON fulfil the request as described in Part I of this form. Signature: _____ Name: _____ If you, as the Data Subject wish to authorise a third party to deal with this request please also sign the following declaration and arrange for part VI and VII to be completed. I declare that the third party named below is authorised to deal with this request and correspond with Epson on my behalf. I also declare that I consent to the disclosure of my personal information by Epson to the third party named below for these purposes. Signature: _____ Date:____ Part VI. Third Party Details Title Surname First Name Address Postcode Tel Number Relationship to the Data Subject Part VI. Third Party Declaration Please read and sign the following declaration: I understand that it may be necessary for Epson to confirm my identity and it may be required to obtain more detailed information in order to locate the correct information. I confirm that I act on behalf of the Data Subject named in Part I. Please send the Data Subject me tick as appropriate) the personal information Epson holds relating to the Data Subject. Signature: _____ Date:_____

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Please return the completed form to the Data Protection Officer, Epson Philippines Corporation, 8th Floor Anson's Center, 23 ADB Avenue, Ortigas Center, Pasig City 1605, Philippines. Tel: 632-7062609. You will be advised of the fee payable, within [3] working days from receipt of this form.

For Epson use only			
Form Received Date:	Fee Received Date:	ID Received Date:	Response sent Date: