PERSONAL DATA ACCESS / CORRECTION REQUEST FORM

NAME	
NRIC:	
STAFF ID: (For AIBM Employee)	
EMAIL ADDRESS	
TELEPHONE NUMBER (MOBILE)	
TYPE OF REQUEST	☐ Access ☐ Correction *Tick if applicable
TYPE OF PERSONAL DATA	
REASON	

- I hereby request to access/correct my personal data that is being processed by AEON Insurance Brokers (M) Sdn Bhd (hereinafter 'the data controller').
- I confirm that the details above are correct and acknowledge that should there be any incorrect or incomplete information, or any circumstances provided under Section 32 of the Personal Data Protection Act 2010 or other relevant law, the data user may refuse to give me access to my personal data.
- I also acknowledge that if the data controller, for whatever reason, is unable to comply with this request within 21 days from today, they would notify me in writing, explaining the reasons and to extend the correspondence period for 14 days (if applicable), before the 21 days lapsed.
- I confirm that all correction that I would make to my personal data, if any, is correct and up to date.

Please fill in the name of the department/section/unit that processes the personal data.

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SIGNATURE:

NAME:

DATE:

(Please send the signed form to dpo@aeoninsurance.com.my)

DPO RECEIVED DATE:

DPO CORRESPONDENCE DATE: