## **Inventrik Pte Ltd**

## PERSONAL DATA CORRECTION FORM

## **Important Note:**

- Under the Personal Data Protection Act of Singapore, you are entitled to request correction of an error or omission in your personal data that is in our possession or under our control.
- 2. The request must be by completing this form and sending it to:

The Data Protection Officer

- Email: neha@inventrik.com
- . We will contact you to verify your identity and ask for further details needed to facilitate the request.
- 4. We will respond within 30 calendar days of receipt of completed form.

We may send the corrected data to specific organizations to which the data was disclosed, if needed, upon your consent.							
PART 1: YOUR PARTICULARS							
Name (as in NRIC / Passport):							
Address:							
Mobile:	Office:			Email address:			
PART 2: YOUR RELATIONSHIP WITH INVENTRIK							
In order to help us verify the identity and locate the personal data, please complete the following questions:							
□ Job Applicant □ Previous Employee / Intern □ If you are NOT any of the above, describe your current/previous relationship with Inventrik below:							
Please provide the following information to enable us to respond to your request:							
A. Detailed description of the personal data that you are requesting for correction		:					
B. When you submitted your Personal Data to Inventrik and for what purpose							
C. Detailed description of the correction to be made		:					

## **Inventrik Pte Ltd**

Declaration						
I certify that the information given on this Personal Data Correction Form to Inventrik Pte Ltd true and correct. I understand that I will have to provide proof of my identity and it may be necessary for Inventrik Pte Ltd to obtain more detailed information in order to facilitate this request.						
☐ I consent to Inventrik Pte Ltd sending my corrected personal data, if needed, to other organizations to which the personal data was disclosed by Inventrik Pte Ltd before the correction was made.						
Signature	Date of Request	Effective Date				
For administration use only:						
Correction Request Form received by/	on: Name of Staff	Signature/Date				
Request Completed by/on:	Name of Staff	Signature/Date				