

PERSONAL DATA ACCESS REQUEST FORM

[1] ABOUT YOU (CURRENT PARTICULARS)

Full name: _____

NRIC/Passport Number: _____

(Non-Malaysian please provide passport number)

Address: _____

_____ Postcode: _____

City: _____ State: _____ Country: _____

Contact Number: (Residence) _____ (Office) _____

(Mobile) _____ (Fax) _____

E-mail address: _____

[2] ARE YOU REQUESTING FOR YOUR OWN PERSONAL DATA? IF YES, PLEASE PROCEED TO ANSWER PART (A) BELOW.

ARE YOU A THIRD PARTY REQUESTING FOR ACCESS TO SOMEONE ELSE'S PERSONAL DATA? IF YES, PLEASE PROCEED TO ANSWER PART (B) BELOW.

PART A (Requesting for your own personal data)

[a] Please state the nature of your relationship with Hypnosis and Training Solutions (M) Sdn Bhd ("LCCH")

- A current* / former* student* / customer* of LCCH
 - A parent* / guardian* of current* / former* student of LCCH
 - A current* / former* employee of LCCH
 - A current* / former* business associate, vendor, service provide or supplier of LCCH
- (*delete where applicable)

[b] Please also provide a photocopy of your National Registration Identification Card (NRIC) or the first page your passport containing your personal details for us to verify your identity. Please mark the photocopy of your NRIC or passport with "FOR PERSONAL DATA ACCESS REQUEST ONLY"

PART B (Requesting for another individual's personal data)

[a] Please provide a signed photocopy of your National Registration Identification Card (NRIC) or the first page of your passport for us to verify your request.

[b] Please state the nature of the relationship of the individual who is the subject of the personal data ("**Individual**") with Hypnosis and Training Solutions (M) Sdn Bhd ("LCCH")

- A current* / former* student* / customer* of LCCH
 - A parent* / guardian* of current* / former* student of LCCH
 - A current* / former* employee of LCCH
 - A current* / former* business associate, vendor, service provide or supplier of LCCH
- (*delete where applicable)

Hypnosis and Training Solutions (M) Sdn Bhd (759055-T)

[c] Please describe the nature of your relationship with the Individual:

[d] Please state the basis of you requiring the personal data of the Individual:

[e] Please enclose with this Form an authorisation letter from the Individual as proof of your authority to act on behalf of the Individual and / or certified documentation¹ to establish your connection / relationship with the Individual.

[3] THE PERSONAL DATA SOUGHT

Please provide a description of the personal data requested for, and any relevant additional information which can assist us in providing you with a copy of your personal data.

Please specify if you would like to simply view the personal data or to receive a copy of the personal data

View Copy required

¹ A document witnessed and bearing the seal of a Commissioner of Oaths, Notary Public, Advocate & Solicitor or a Court of Law.

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[4] Declaration

I, _____ hereby confirm that the information given in this Form and any documents enclosed are true and accurate. I understand that it will be necessary for Hypnosis and Training Solutions (M) Sdn Bhd to verify my / the Individual's identity and that Hypnosis and Training Solutions (M) Sdn Bhd may contact me or the Individual for more detailed information in order to locate the information required.

Signed: _____

Date: _____

Important Notes

- (1) Please note that Hypnosis and Training Solutions (M) Sdn Bhd reserves the right to restrict access to certain information as may be permitted under the Personal Data Protection Act 2010.
- (2) Please enclose payment stipulated in the table below with your Access Request. Failing receipt of payment, Hypnosis and Training Solutions (M) Sdn Bhd will not be able to process your Access Request.

Type of Personal Data Requested	To View Personal Data Without A Copy	Copy of Personal Data Required
Personal Data	RM 3	RM 10
Sensitive Personal Data*	RM 5	RM 30

(*Sensitive Personal Data means health information, political opinions, religious beliefs, the commission or alleged commission of an offence)

- (3) Personal information collected on this Form is required to enable your Access Request to be processed, and will only be used in connection with this request.
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