



## Personal Data Access Request Form

Under the Personal Data Protection Act 2010, Act 709 you can ask for copies of paper and computer records that Pantai Holdings Sdn Bhd, or any of its related companies and subsidiaries hold, share or use about you. In order to deal with your request we can ask for proof of identity, a fee to cover administrative costs incurred in processing your request, and enough information to enable us to locate the personal data that you request. Please complete this form and return it to us with proof of your identity and the fee directly to us, or via the following channels:

- a) Email to [my.ihh.dpo@ihhhealthcare.com](mailto:my.ihh.dpo@ihhhealthcare.com); or
- b) Post to:

**Data Protection Officer**  
(IHH Healthcare Malaysia)  
Pantai Medical Centre Sdn Bhd  
Level 33A, Mercu Aspire,  
No. 3, Jalan Bangsar, KL Eco City,  
59200, Kuala Lumpur

We will acknowledge safe receipt and respond within twenty-one (21) Calendar days.

### Part 1: Identity of the Requestor

Please indicate:

☐ I am the Data Subject; and

☐ Copy of NRIC/Passport/Driving license/ birth certificate/adoption certificate is as attached;

or

☐ I am the Third Party Requestor, making this request on behalf of the Data Subject; and

☐ Letter of authorization from Data Subject is as attached

**Data Subject Particulars:** (\*Also fill in particulars of Third Party Requestor, if applicable)

Particulars	Data Subject	Third Party Requestor*
Title:	Dr / Mr / Mrs / Miss / Ms / Other	Dr / Mr / Mrs / Miss / Ms / Other
Family name:		
First name:		
Any other names that you are known by that may assist in the search:		
Address:		
NRIC/Passport Number:		
Telephone number:		
E-mail:		
Date of birth:		
If you are an employee or former employee of IHH MY or IHH Group please provide your staff number:		
Relationship with the Data Subject		



## Part 2: Proof of Identity and Fee

To help us establish your identity, your application must be accompanied by your identification clearly show your name, date of birth and current address.

Please enclose a copy of one of the following as proof of identity: passport, national registration identity card (NRIC), driving licence, birth or adoption certificate.

This is to ensure that we are only sending information to the data subject/authorized third party requestor. If none of these are available, please contact IHH MY Data Protection Officer via email [my.ihh.dpo@ihhhealthcare.com](mailto:my.ihh.dpo@ihhhealthcare.com) for advice on other acceptable forms of identification.

Please note that we are entitled under the Personal Data Protection Act to charge a fee for retrieval of the Data Subject personal data records. This fee may depend on factors such as the effort and materials required to provide the response. We may not be able to immediately provide you an estimate of this fee and will endeavour to inform you of this as soon as reasonably practicable. Further, if in the course of retrieval, it appears that the estimated fee may need to be revised to take into account the actual resources, effort or materials to be utilised in meeting your access request, we may revise our estimate and inform you of this in writing.

In accordance with the **PDPA 2010 Guidelines**, we may refuse to provide access to your personal data until you have agreed to pay the relevant fee in full. IHH MY must receive payment of this sum in full via cheque.

## Part 3: Denial of Access

In accordance with Section 32 of the PDPA 2010, we may refuse to grant your request. We will not provide a refund for the payment of administrative fees where your request to access personal data is denied.

## Part 4: Information Requested

To help us to deal with your request quickly and efficiently please provide as much detail as possible about the information you want. If possible, please specify a particular service, department, teams or individuals or incident.

Please include time frames, dates, names or types of documents, any file reference and any other information that may enable us to locate the data, for example, for e-mails, the names of senders and recipients and approximate dates.

<b>Please specify the personal data you require access to</b>	<i>(please be specific in order that we may locate your relevant records)</i>
<b>When was the personal data you seek collected?</b>	<i>(Please supply dates or time period of the record)</i>
<b>Where and how was the personal data you seek collected?</b>	<i>(e.g. feedback form / purchase form)</i>
<b>Can you identify the person whom you believe collected the personal data you seek or the basis of your belief that we have the personal data records you seek in our possession or control?</b>	
<b>Reference numbers</b>	
<b>Reasons for access to the personal data records</b>	<i>(Please state the reasons for your request to access the personal data records sought)</i>
<b>Have you previously made a request for the same or similar personal data records?</b>	<i>(Please state the date and the outcome of the previous request)</i>
<b>Other Information</b>	



Please use a separate sheet of paper if there is insufficient space.

I have read, understand and consent to IHH MY Personal Data Protection Notice, accessible at <https://www.ihhhealthcare.com/my/data-protection-notice>

I, \_\_\_\_\_, confirm that the information provided on this form is correct and that I am the data subject/third party requestor whose name appears on this form and that the personal data I am seeking access to relates only to me/specified Data Subject and no other person(s). I shall indemnify IHH MY for any non-compliance of the applicable personal data law related to this request and the management of the PD (applicable for third party requestor). I agree to fully cooperate with IHH MY and provide it as much assistance and information as may be reasonably necessary for IHH MY to efficiently locate the personal data I seek to retrieve. I also understand that my request will not be valid until all of the information requested and payment of administrative fees are received by IHH MY.

I also agree and understand that my request is subject to approval by IHH MY and that the fees paid by me are not refundable under any circumstances, including without limitation where the personal data that I seek cannot be found or is not in the possession or control of IHH MY or IHH Group is otherwise unable to provide the personal data.

Signature of Data Subject/Third Party Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

**For Official Use Only:**

Mode of Receipt: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Updated by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_