

DATA PRIVACY

ACCESS/CORRECTION FORM

Request for:			
Access to Own Personal Information			
Correction or Erasure of Own Personal Information			
PLEASE WRITE IN PRINT			
Mr.	Mrs.	Ms.	Miss
Full name:			
Address:		_	
Contact number/s:			Email:
Relationship to the Company (if employee, state which department):			
Proof of ID enclosed/attached (ideally send a photocopy/scan of one form of photo ID)			
Please provide a detailed	description of	requested re	ecords or personal information you wish to access.
Preferred access:	Receive a Pa	per Copy	Receive an Electronic Copy
If you are requesting a correction of personal information, please describe the desired correction, and attach any supporting documentation. If you are requesting access to your own personal information, please include a copy of a signed form of identification.			
Signature ov	ver printed na	ame	Date
Please be informed that personal information on this form is collected under the authority of the MJCI Data Privacy Policies and will be used for the purpose of responding to your request. Inquiries about this collection and processing should be directed to the Data Privacy Officer: cst@manilajockey.com, (02) 687-9889 local 216 or 0917 582 2608			