



PDPA Personal Data Request

Please note that you may only request to access / correct / withdraw consent for use and disclosure of your personal data that is held by Lum Chang Holdings Limited and its group of companies, including without limitation Lum Chang Building Contractors Pte Ltd (“Lum Chang” or “we”). If you are submitting this request on behalf of another person, you must provide proof of such authorisation.

We will respond to your request within 30 days after our receipt of this request. Please note that pursuant to the Personal Data Protection Act, we may refuse to provide access under certain limited circumstances.

Please provide the following information and return the completed form with attachment of a scanned copy of your NRIC/FIN card by mail or email to:

Email: dpo@lumchang.com.sg

Address: 14 Kung Chong Road, #08-01 Lum Chang Building, Singapore 159150

Name: _____

Email: _____ Phone number: _____ NRIC/FIN: _____

Address: _____

Type of Request (please check):

- Access to Personal Data Correction of Personal Data Withdrawal of Consent

Request Details (e.g. type of personal data, the date on which and circumstances under which Lum Chang may have collected such data / the correction to be made / the specific purpose(s) for which consent is to be withdrawn):

Confirmation

I confirm that this request relates to my own personal data and warrant that where I am submitting this request on behalf of another person, I am authorised by such person to submit such request and to provide his/her information for such purposes. I will indemnify Lum Chang in respect of any penalties, liabilities, claims, demands, losses and damages as a result of breach of this warranty.

I declare that the information provided in and with this request are true in every respect, and agree that such information may be collected, used and disclosed by Lum Chang and its related corporations and affiliates, and/or third party service providers for the purpose of processing this request and/or in accordance with its data protection policy.

I acknowledge that I am fully aware of the possible consequences of such withdrawal of consent, which may include the inability of Lum Chang to continue to provide services to me.

Signature (Compulsory): _____ Date: _____

In order to process your request, please provide Lum Chang evidence of your identity (e.g. scanned copy of NRIC/FIN) together with the submission of this form. If you are submitting this request on behalf of another person, please provide written authorisation and proof of identity of such person in addition to evidence of your identity.

For official use	
Received by: _____	Date: _____
Processed by: _____	Date: _____

ACKNOWLEDGEMENT OF PERSONAL DATA RECEIVED FOR AN ACCESS REQUEST

Reference No.:	
Name of Recipient:	Date:
Contact Details:	Date:

No.	Document / Material	Date Received
1		
2		
3		
4		
5		
6		

<p>_____</p> <p>Signature of Recipient</p>	<p>_____</p> <p>Date</p>
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For internal use only	
Staff of LCH handling access request:	
Date:	Time: