

RECTIFICATION REQUEST FORM

Version No. 1

After filling up this form, kindly send to: **Pilmico Data Protection Officer**

Mailing Address: 18th Floor, NAC Tower, 32nd Street, Bonifacio Global City, Taguig City 1634, Phils.

Email Address: pilmico.dpo@aboitiz.com

Email Subject Format: (NAME OF RIGHT) - NAME OF DATA SUBJECT/REQUESTOR

example: RIGHT TO ACCESS - JUAN DELA CRUZ

DATA SUBJECT INFORMATION

The information collected in this form will be used for the sole purpose of complying to the request of the data subject or his/her authorized representative. Pilmico may require additional information as may be necessary to confirm the identity of the requesting individual or his/her authorized representative, taking into consideration the principle of proportionality. Any information collected shall be disposed of after 12 years.

INSTRUCTIONS: Fill in all details completely. Write N/A if not applicable.

FULL NAME ADDRESS EMAIL ADDRESS MOBILE NUMBER

II. DETAILS OF REQUEST	
INACCURATE/ERRONEOUS INFORMATION (Please provide sufficient details. Use a separate sheet if necessary.)	CORRECT INFORMATION (Please provide documentation, where necessary and appropriate)



III. DECLARATION

I declare that this form is accomplished by the undersigned and is a true, correct, and complete
statement of the information contained herein. I also authorize Pilmico to verify/validate the
contents stated herein.

SIGNATURE OVER PRINTED NAME		
IV. AUTHORIZED REPRESENTATIVES		
FULL NAME		
ADDRESS		
EMAIL ADDRESS		
MOBILE NUMBER		

I declare that this form is accomplished by the undersigned as the authorized representative of the data subject. It is a true, correct, and complete statement of the information contained herein. Enclosed is the proof of the authority to act on behalf of the data subject. I authorize Pilmico to verify/validate the contents stated herein.

SIGNATURE OVER PRINTED NAME	

FOR INTERNAL USE ONLY		
RECEIVED BY:	REMARKS:	
DATE RECEIVED:		
TRANSACTION NO.: RR-2021-00		