REQUEST FORM CHANGE OF PERSONAL DATA	Applies to:	☐ Community Hospital ☐ Chronic Sick Unit ☐ Nursing Home ☐ Centre/Home-Based Services ☐ Corporate Office

REQUEST TO CHANGE PERSONAL DATA

As part of Personal Data Protection Act, we would require you and/or the Personal Data Owner to fill up this form. This is to protect your/the Personal Data Owner's personal data from unauthorised changes. Please complete this form and submit it:

By post:	Walk-in to our Business/Admin Office at any Ren Ci facility.	Alternatively, you can email the completed form to us:
Business Office Ren Ci Hospital 71 Irrawaddy Road Singapore 329562		dpo@renci.org.sg

1. Your Particulars

Name as in NRIC/Passport/FIN* : _____

NRIC/Passport/FIN* number : _____

Contact number : _____

Email Address : _____

Your relationship with Ren Ci Hospital:

- ❑ Patient / Resident
  Please specify ward/bed:
  _____
- ❑ Client
- ❑ Active Ageing Centre member
- ❑ Next-of-Kin / Caregiver / Legal Guardian or Representative
- ❑ Volunteer
- ❑ Others – Please specify:
  _____

2. Your/Personal Data Owner's new personal data:

(Please tick (√) one or more boxes, where applicable)

❑ For self ❑ On behalf

❑ Name as in NRIC/Passport/FIN*	
❑ NRIC/Passport/FIN* number	
❑ Contact number	
❑ Others– Please specify	

Please present NRIC/Passport/FIN to staff.
We require Deed Poll to be presented for changes to Name.

Note: We need 5 working days after receiving your request to update your records.

3. Declaration and Authorization

I hereby declare and confirm that the information given above is accurate and true to the best of my knowledge. I understand that I may be liable for prosecution for making a false declaration.

Name	Signature	Date and Time

4. Authorization by Appointed Next-Of-Kin / Legal Guardian / Legal Representative*

(Please complete this section if requester is not the personal data owner)

I hereby provide my consent to the change in my personal data.

Name	Signature	Date and Time

FOR OFFICIAL USE ONLY

Receiving Department: _____

Supporting documents sighted by:

Name & Designation	Signature	Date and Time

FOR ADMIN / BUSINESS OFFICE USE

ECCareSuite / SAP Updated on:

Name & Designation:

Signature:

*Please delete where applicable