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

REQUEST TO CHANGE PERSONAL DATA (DONOR)

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:
Finance Department - Ren Ci Hospital
71 Irrawaddy Road Singapore 329562

Alternatively, you can email the completed form to:
donations@renci.org.sg

1. Your Particulars

Name as in NRIC/Passport/FIN* : _____

NRIC/Passport/FIN* number : _____

Contact number : _____

Email Address : _____

2. Your New Personal Data:
(Please tick (√) one or more boxes, where applicable)

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

3. Declaration and Authorization

I hereby declare and confirm that the information given above is accurate and true to the best of my knowledge.

_____	_____	_____
Name	Signature	Date and Time

FOR OFFICIAL USE ONLY :

Received By:	Signature	Date
Updated By:	Signature	Date
Remarks:		