

Personal Information Request Form

According to The Personal Data Protection Act, B.E. 2562, has provision for rights to the data subject as follows:

- (1) Right to withdraw consent
- (2) Right to access
- (3) Right to rectification
- (4) Right to erasure
- (5) Right to data portability
- (6) Right to object
- (7) Right to restriction of processing

The data subject who would like to manage his/her own data, please submit the form to email: center@dir.co.th or send by post to Dharmniti Internal Audit Co., Ltd. (178 Dharmniti Building 5th Floor, Soi Permsap (Pracha Chuen 20), Pracha Chuen Road, Bangsue, Bangkok 10800.)

In order that, when company receives the form with the related evidence documents and after finished the document verification, company would inform the related personnel in control of the company promptly. Also, company would take operation according to your request within 30 days. Except, the operation by your request violates the privacy policy of other persons or violates the law.

In case you would like the company to restrict the process, withdraw, object, or erase your personal information, please be informed that there might be some services that the company is unable to serve you without your personal data.

Documents comprising request:

1. Personal Information Request Form
2. Copy of identification card or identification evidence
3. Letter of attorney and copies of identification card of the donor and the donee of power of attorney (In case of not taking operation by yourself.)

Personal Information Request Form

Part 1 : For Data Subject (Please fill in the form completely)

Name – Surname : ID Number

Address :

Email : Phone Number :

I would like to manage the personal data as follows:

- | | |
|---|--|
| <input type="checkbox"/> Receive the personal data | <input type="checkbox"/> Restrict the processing |
| <input type="checkbox"/> Object to the collection, use, and disclose the data | <input type="checkbox"/> Rectify the data |
| <input type="checkbox"/> Transfer the data | <input type="checkbox"/> Erase, destroy the data |
| <input type="checkbox"/> Withdraw the consent | |

Details

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Remark :

- I certify that the above information including the documents comprising this form submission are all accurate and true. If find out that the information or documents are false, I accept to be liable for all damages occurred in all respects.

Sign

Data Subject

(.....)

Date / /

Part 2 : For Officer

Name – Surname : Department :

Phone Number : Email :

Department Submitted to : Date / Time :