



RECTIFICATION REQUEST FORM

Version No. 1

After filling up this form, kindly send to:

Pilmico Data Protection Officer

Mailing Address: 9th 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

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.

I. DATA SUBJECT INFORMATION

FULL NAME	
ADDRESS	
EMAIL ADDRESS	
MOBILE NUMBER	

II. DETAILS OF REQUEST

INACCURATE/ERRONEOUS INFORMATION <i>(Please provide sufficient details. Use a separate sheet if necessary.)</i>	CORRECT INFORMATION <i>(Please provide documentation, where necessary and appropriate)</i>



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__	