Personal Data
Subject Rights Request Form

Please complete this form to make a request for personal data subject rights in our records.

SECTION 1: PERSONAL DATA REQUEST FORM

1. Under the Personal Data Protection Act 2010, you are entitled to exercise your Data Subject rights in respect of the personal data that Pos Malaysia Berhad and our Group of Companies, which includes our subsidiaries, related and/or associated companies (referred to hereunder as "Company", "us" or "we") have collected from you.

2. Please complete this form and submit it via either of the following channels:
   a) Any of our Pos offices or
   b) Email to pdpapos@pos.com.my

3. This form is to be completed by individuals who wish to exercise their rights in relation to their personal data, including requests for access, correction, data portability, withdrawal of consent or prevention of processing likely to cause damage or distress.

4. Please ensure that all required information and supporting documentation are provided. We may be unable to process your request if the information or documents submitted are incomplete or insufficient.

5. Where the request is submitted by a third-party requestor on behalf of a data subject, the third-party requestor may be required to attend the relevant office or branch in person for verification of identity and supporting documentation.

6. You are required to provide all applicable supporting documentation and pay any prescribed processing fees. We will only process your request upon receipt of the required documentation and payment of the applicable fees. Failure to provide the required documentation or payment may result in delays or the inability to process your request.

7. Please indicate the data subject right that you wish to exercise (*Tick all that apply*):
   - ☐ Access or obtain a copy of personal data
   - ☐ Correct and/or update personal data
   - ☐ Prevent processing likely to cause damage or distress
   - ☐ Data portability
   - ☐ Withdrawal of consent (Direct Marketing and Non-Direct Marketing)

PROCESSING FEES

No.	Type of Request	Fee (RM)
1	Personal data with a copy	10.00
2	Personal data without a copy	2.00
3	Sensitive personal data with a copy	30.00
4	Sensitive Personal data without a copy	5.00

- Supporting document(s) to verify my relationship with the data subject or letter of authorisation from the data subject (not applicable if you are the data subject).

SECTION 2: PARTICULARS OF THE DATA SUBJECT

PART A: REQUESTOR'S PARTICULARS

Full Name (*as per NRIC/Passport*)			
NRIC/Passport No.		**Contact No.**	
Address			
Email Address (*if any*)			
Relationship to the personal data	☐ I am the Data Subject	☐ I am acting on behalf of the Data Subject (*complete Part B*)	

PART B: THIRD-PARTY REQUESTOR'S PARTICULARS

Full Name (*as per NRIC/Passport*)			
NRIC/Passport No.		**Contact No.**	
Address			
Email Address			
Full name of the individual on whose behalf this request is being made			
Please state the nature of your relationship with the individual	Please tick the relevant option: ☐ Parent ☐ Legal Guardian ☐ Attorney / Legal Representative ☐ Authorised Representative ☐ Administrator of Estate ☐ Others (please specify): _____		
Proof of authorisation (*Supporting documents must be certified by a Commissioner for Oaths, Notary Public, or Advocate & Solicitor*)	Please tick the relevant option(s): ☐ Court Order / Power of Attorney ☐ Letter of authorisation signed by the individual ☐ Others (please specify): _____		

PART C: DETAILED DESCRIPTION OF PERSONAL DATA

C1. If this is an Access Request	
Description of the personal data requested for access	
Please specify if you would like to view the personal data or receive a copy of the personal data	☐ View ☐ Receive a copy
Preferred format of response	How would you like to receive the requested personal data? ☐ Please send the requested information to my postal address. ☐ Please send the requested information to my email address. ☐ I will collect the requested information in person from your office. ☐ Others: _____

C2. If this is a Correction Request	
Data field(s) to be corrected	
Current value on record (*as far as known*)	
Correct value requested	
Reason the current data is Inaccurate/ incomplete/ outdated	
Supporting documents attached	☐ Yes (list): _____ ☐ No
C3. If this is a Data Portability Request	
Personal data to be transferred	
Name of recipient data controller	
Recipient data controller's contact/technical point of contact	
Preferred data format (*if any*)	
C4. If this is a Request to Prevent Processing Likely to Cause Damage of Distress	
Processing activity you want stopped/restricted	
Nature of harm	☐ Substantial damage (e.g. financial loss) ☐ Distress (e.g. emotional/mental trauma) ☐ Both
Description of the damage or distress caused/likely to be caused	
Supporting evidence documents attached	☐ Yes (list): _____ ☐ No
C5. If this is a Request to Withdraw Consent (For Direct Marketing and/or Non-Direct Marketing)	
Withdrawal relates to direct marketing or other processing activities based on Consent?	☐ Withdrawal of Consent for direct marketing communications ☐ Withdrawal of Consent for other processing activities ☐ Withdrawal of Consent for both
Direct Marketing Communications You No Longer Wish to Receive	Email ☐ SMS/Text Messages ☐ Telephone Calls ☐ Mobile Application Notifications ☐ Postal Mail ☐ All Direct Marketing Communications ☐ Other: _____
Please list any non-direct marketing related processing activity(ies) based on Consent for which you wish to withdraw Consent.	
Scope of Withdrawal	☐ Withdraw Consent for all processing activities based on Consent ☐ Withdraw Consent only for the specific processing activity(ies) identified above
Supporting documents attached	☐ Yes (list): _____ ☐ No

PART D: DECLARATION

Please review and confirm the information provided, sign this form, and submit it along with the relevant documents to the Pos Malaysia Berhad
☐ I confirm that this request relates to my own personal data and warrant that where I am submitting this request on behalf of another person, I am authorised by such person to submit such request and to provide his/her information for such purposes. I will indemnify Pos Malaysia Berhad and its service providers in respect of any penalties, liabilities, claims, demands, losses, and damages because of breach of this warranty.
☐ I declare that the information provided in and with this request is true in every aspect, and agree that such information may be collected, used and disclosed by the Company and its service providers for the purpose of processing this request and/or in accordance with its data protection policy.
☐ I understand that Pos Malaysia Berhad may request additional information or documents to verify my identity or to process this request.
☐ I understand that providing false or misleading information may result in the rejection of this request.
☐ I Consent to Pos Malaysia Berhad processing any data/or all personal data provided in this form in accordance with Pos Malaysia Berhad's Privacy Notice.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY	
Form received by	Name: Department:
Date received	
Supporting documents	☐ Yes ☐ No
Signature	

Please return the duly executed Request Form to:

Personal Data Protection Officer,
Tingkat 8 Ibu Pejabat Pos, Kompleks Dayabumi, 50670 Kuala Lumpur.
Tel: 03-2267 2267 ext: 2040
Email: pdpapos@pos.com.my