

ACCESS REQUEST FORM

Version No. 1

After filling up this form, kindly send to:

Commisari Data Protection Officer

Mailing Address: 33F UB Plaza Meralco Avenue, cor. Onyx and Sapphire Streets, San Antonio Pasig City Metro Manila

Email Address: corpsec@ubx.ph

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. Commisari 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. INFORMATION REQUESTED

- Contents of his or her persona information and categories of data that were processed
 - Sources from which personal information were obtained, if data was not collected from the data subject
 - Purposes Of Processing
 - Manual by which such data were processed
 - Information on automated processes where the processed data will or is likely to be made as the sole basis for any decision that significantly affects or will affect the data subject
 - Names and addresses of the recipients of the personal information
 - Reasons for the disclosure of personal information to recipients
 - Date when his or her personal information were last accessed and modified
 - Period for which particular categories of information will be stored
 - Designation, name, or identity, and address of the PIC's data protection officer
 - Others, please specify details:
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III. RELEASE OF THE REQUESTED INFORMATION

Electronic Mail Hard Copy Others(please specify)_____

IV. 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 Commisari to verify/validate the contents stated herein.

SIGNATURE OVER PRINTED NAME

V. AUTHORIZED REPRESENTATIVES

FULL NAME	
ADDRESS	
EMAIL ADDRESS	
MOBILE NUMBER	
RELATIONSHIP TO DATA SUBJECT	

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 Commisari to verify/validate the contents stated herein.

SIGNATURE OVER PRINTED NAME

FOR INTERNAL USE ONLY

RECEIVED BY:	REMARKS:
DATE RECEIVED:	
TRANSACTION NO.: AR-2021-00__	