

## RECTIFICATION REQUEST FORM

Version No. 1

After filling up this form, kindly send to:

Commisari Data Protection Officer

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

Email Address: corpsec@ubx.ph

I. DATA SUBJECT INFORMATION

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.

FULL NAME				
ADDRESS				
EMAIL ADDRESS				
MOBILE NUMBER				
II. DETAILS OF REQUEST				
INACCURATE/ERRONEOU (Please provide sufficient de sheet if necessary.)		CORRECT INFORMATION (Please provide documentation, where necessary and appropriate)		
(Please provide sufficient de		documentation, where necessary and		
(Please provide sufficient de		documentation, where necessary and		



III. DECLARATION				
		ned and is a true, correct, and complete statement of nisari to verify/validate the contents stated herein.		
	SIGNATURE OVE	R PRINTED NAME		
IV. AUTHORIZED REPRESENTATION	VES			
FULL NAME				
ADDRESS				
EMAIL ADDRESS				
MOBILE NUMBER				
subject. It is a true, correct, and com of the authority to act on behalf of th herein.	nplete statement o e data subject. I a	ersigned as the authorized representative of the data of the information contained herein. Enclosed is the proof outhorize Commisari to verify/validate the contents stated R PRINTED NAME		
	FOR INTERNA	AL USE ONLY		
RECEIVED BY:		REMARKS:		
DATE RECEIVED:				

TRANSACTION NO.: AR-2021-00\_\_