



ERASURE REQUEST FORM

Version No. 1

After filling up this form, kindly send to:

PIPL Data Protection Officer

Mailing Address: Data Privacy Officer, 47 Scotts Road, Goldbell Towers, #16-01/02, Newton, 228233, SG

Email Address: goldcoin.dpo@aboitiz.com

Email Subject Format: (NAME OF RIGHT) - NAME OF INDIVIDUAL/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. Pillico 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. By submitting this form, you hereby consent to our use of any Personal Data provided. 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	
NRIC or Passport Number	
ADDRESS	
EMAIL ADDRESS	
MOBILE NUMBER	

II. DESCRIPTION OF INFORMATION REQUESTED FOR ERASURE *(Please provide sufficient details about the personal data you are requesting for erasure. Use a separate sheet if necessary.)*

III. GROUND/S FOR ERASURE REQUEST *(Make appropriate boxes as applicable and provide/attach substantial proof.)*

<input type="checkbox"/> Personal data is:	<input type="checkbox"/> incomplete	<input type="checkbox"/> outdated	<input type="checkbox"/> false or	<input type="checkbox"/> unlawfully obtained.
Details: _____				
<input type="checkbox"/> Personal data is used for an unauthorized purpose/s.				
Details: _____				



<input type="checkbox"/> Personal data is no longer necessary for the purpose/s for which they were collected.
Details: _____
<input type="checkbox"/> Withdrawal of consent or objection to the processing (<i>and there are no other applicable lawful criteria for processing</i>).
Details: _____
<input type="checkbox"/> Personal data concerns private information that is prejudicial to the individual
Details: _____
<input type="checkbox"/> Processing is unlawful.
Details: _____
<input type="checkbox"/> The organization or data intermediary violated your rights as a individual
Details: _____

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 Pilmico International Pte Ltd to verify/validate the contents stated herein.

SIGNATURE OVER PRINTED NAME

V. 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 International Pte Ltd. to verify/validate the contents stated herein.

SIGNATURE OVER PRINTED NAME

FOR INTERNAL USE ONLY	
RECEIVED BY:	REMARKS:
DATE RECEIVED:	
TRANSACTION NO.: ER-2021-00__	