

**Electronics Industries Training Centre**

Blk 5000 Ang Mo Kio Ave 5 #02-08 TECHplace II Singapore 569870

Tel: 6483 2535 | Fax: 6483 1700 | Email: elitc@singnet.com.sg | Website: www.elitc.com

**ACCESS / ACCURACY AND
CORRECTION / WITHDRAW
CONSENT FORM**

In order for ELITC to process your request smoothly and timely, kindly complete the form and:

a) scan and email the completed form to dpo@elitc.com ; or

b) mail the completed form to: Electronics Industries Training Centre

Blk 5000 Ang Mo Kio Ave 5

#02-08 TECHplace II

Singapore 569870

Attention: Data Protection Officer

The information provided by you on this form will be used to process and respond to your request only. ELITC is committed to maintaining the confidentiality of every requestor's personal information and undertakes not to use or disclose any personal information provided in this form (except for the purpose stated above) to any third party without the prior written consent of the trainee unless required or authorised under the PDPA or any other written law.

Information of Request**Request Received via:**☐

Voice Call

☐

Walk-In

☐

Email

☐

e-Form

☐

Others: _____

(please specify)

Type of Request:☐

I wish to access to my personal data.

(NOTE: This consent is only valid for one time use. A new consent form must be filled out for every request that you submit.)

☐

I wish to know about the ways my personal data has been or may have been used or disclosed by ELITC.

☐

I wish to correct my personal data.

(Specify below what personal data you believe is incorrect and why and what changes you require.)

Corrections:☐

I wish to withdraw consent from prior consent granted to ELITC.

(Specify below your withdrawal for which specific purpose(s), and where applicable, please specify the mode of communication you are withdrawing, from Voice Calls, SMS, Email and/or Mail. Do note that upon such request, ELITC will not be able to better-service you on the purpose where consent is withdrawn. Please allow up to 30 calendar days for ELITC to process your withdrawal request.)

Withdrawal:**Personal Particulars of Requestor****Name of Requestor (as in NRIC / Work Permit):****NRIC/FIN No.:****Contact Number:**☐

Mobile: _____

☐

Home: _____

Email Address:**Declaration by Requestor**

I hereby declare that I am the person to whom the above request relates and confirm that I would like to proceed with the above request.

I also declare that the information provided by me in this form are true and accurate.

Requestor's Signature & Date (DDMMYYYY)**FOR OFFICIAL USE ONLY****Received By:****Signature:****Date (DDMMYYYY):****Processed By:****Signature:****Date (DDMMYYYY):****Remark(s):**