## **CRADLE FUND SDN BHD ("Cradle")**

## **DATA ACCESS & CORRECTION REQUEST FORM**

(1)	Details of person requesting the information ("Requestor")		
	Full Name	:	
	Correspondence Address		
	Telephone No.	;	
	Facsimile No. (if any)	:	
	Email Address	:	
	Reference/ Account No	. :	
(2)	Please indicate if you are the Data Subject, (i.e. service provider / customer / shareholder / director / employee / board member)* <b>YES / NO</b>		
	copy of your	e data subject, please provide evidence of your identity, i.e. a driving licence, passport or national registration identity card a recent letter or bill from a utility company as evidence of question 5)	
	authority? If y relevant docu	erson acting on behalf of the data subject with their written yes, please provide the letter of authorisation or such other imentation e.g. copy of birth certificate, court order and etc. plete questions 3 and 4)	
(3)	Details of the Data Subject (if different from no. 1)		
	Full Name	:	
	Correspondence Address	:	
	Telephone No.	:	
	Facsimile No. (if any)	:	
	Email Address	:	
(4)	As this data access requ	uest is made in your capacity as a relevant person on behalf	

of the Data Subject, please describe your relationship with the Data Subject that

leads you to make this request for information on their behalf.

<sup>\*</sup> Please delete whichever is not applicable

around which or period wi member of Cradle who co	rou request together with all relevant information e.g. thin which the data was collected, the name of the llected the data and etc. This will help us to identify equire. Kindly continue on extra sheets if required.
Please describe the data to which you would like to be corrected an continue on extra sheets if required.  (This column is optional if no correction is required)	
continue on extra sheets if	required.
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continue on extra sheets if (This column is optional if n	required.
continue on extra sheets if (This column is optional if n	required.
continue on extra sheets if (This column is optional if no optiona	required. no correction is required)  build like to receive your personal data.
continue on extra sheets if (This column is optional if no optiona	required. no correction is required)  build like to receive your personal data.
continue on extra sheets if (This column is optional if no optiona	required. no correction is required)  build like to receive your personal data.

## **DECLARATION**

(To be completed by all requestors)

I certify that the information given on this application form is true. I understand that before complying with this request, you may require me to provide:

- (i) proof of my identity to confirm my identity;
- (ii) proof of the Data Subject's identity if I am making this request as a relevant person and further proof of my status as a relevant person; and
- (iii) such further information as may be reasonably required for you to locate the data requested.

I understand that:

- (i) Cradle may impose an administrative fee for processing this request to access personal data; and
- \* Please delete whichever is not applicable

(ii)	the period of 21 days in all the above matters as	which Cradle must respond to the request will not begin untile satisfied in full.
	stor's Signature:	– Date:
USE O	F PERSONAL DATA	
this ap		sent of the individual concerned, the personal data provided in ed for the purpose of processing this data access request and
Please	return the completed fo	m to the following:
Alamat Faks: E-mel:	Cradle Fund Sdn Bh Suite 4.8.1, Level 4, PNB Darby Park, 10, Jalan Binjai, 50450 Kuala Lumpu 03-2166 4737	
FOR O	FFICE USE ONLY	
Date R	eceived	:
Reque	st Reference No.	: