

## **EXERCISE OF PRIVACY RIGHTS FORM**

**CIS BAYAD CENTER, INC.** ("**Bayad**") complies with Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012", in collecting and handling your personal data.

We need complete and accurate information in this form for us to fully assist you in exercising your rights as data subject/s under the Data Privacy Act of 2012.

We shall only use all personal data provided in this form to address your request for assistance.

Please fill in the required fields b	elow:
Full Name of Registered	
Customer	
Full Name of Requesting Party	
and Relationship to the	
Registered Customer (if not	
same as above)	
Account Number (if	
applicable)	
Mobile Number	
Email Address	
Please indicate the Privacy Right	'/s you wish to exercise:
1. ☐ Right to be Informed	<ul> <li>this includes your right to be informed that your personal</li> </ul>
data will be, are being, or	were, collected and processed.
2. ☐ Right to Object – this	includes your right to object to the processing of your
personal data, including p	processing for direct marketing, automated processing or
profiling.	
3. ☐ Right to Access – t	his includes your right to find out whether Bayad holds any
personal data about you a	and if so, gain "reasonable access" to them.
4. ☐ Right to Correct/R	ectify – this includes your right to dispute and have corrected
any inaccuracy or error in	the data that Bayad holds about you.
5. ☐ Right to Block/Rer	nove - this includes your right to suspend, withdraw or order
the blocking, removal or o	destruction of your personal data.
6.   Right to Data Port	ability – this includes your right to obtain and electronically
move, copy or transfer yo	ur data in a secure manner, for further use.
7.   Right to File a Com	nplaint – this includes your right to file a complaint with the
NPC.	
8.   Right to be Indem	nified/Damages – this includes your right to claim
compensation if you suffe	red damages.



Please describe the incident which led to your request:					

Once you have accomplished this form, please ensure that a signed copy of this form is sent either:

a. In a sealed envelope addressed to the following:

## CIS BAYAD CENTER, INC.

Data Privacy Office Business Solutions Center Building, Meralco Complex, Ortigas Avenue Barangay Ugong, Pasig City

b. Through e-mail: dpoffice@bayad.com

I certify that the information I have given in this application form are true and accurate. I understand that it may be necessary for me to provide additional information in order for Bayad to confirm my identity as a data subject. In the event that additional information will be requested from me, I shall provide the same only upon the written request of Bayad.

Signature	
Full Name	
Date	

Note: Please attach the following documents together with this form:

- 1. Copy of one valid government-issued identification
- 2. If requesting party is not the registered customer, authorization letter from and copy of one valid government-issued identification of the registered customer

We will notify you of the outcome of your request through the contact information you indicated above.