Seafco Public Company Limited

Request form for exercising rights and reporting violations of personal data owners

Request No. PDPA/Req/…………../………………..   Date: …………………………………

Information of complainant	**Submit a request for information in the status of**
Name-surname: ………………………………………………….	☐ Employee ☐ Customer ☐ Partners ☐ Others: ……………….
Identification card No. …………………………………………	☐ Complainant is the owner of personal data
Contact telephone No. …………………………………………	☐ Complainant is a representative of the owner of personal information
Email: …………………………………………………………………	(case of a representative specify the information of the owner of personal data)
Documents used for requesting to exercise the right	**Details of the owner of personal data**
☐ Copy of Identification card	Name-surname: ……………………………………………………………
☐ Copy of Passport (case of not having Thai nationality)	Identification card No. …………………………………………………
☐ Power of attorney, case where the data owner has given authority to act on his or her behalf	Contact telephone No…………………………………………………..
	Email: ……………………………………………………………………………

Desired rights will carry out

☐ Request to withdraw consent	☐ Request to object processing of personal data
☐ Request access to or receive a copy of personal data	☐ Request to suspend processing of personal data
☐ Request correction of personal data	☐ Request transfer of personal data
☐ Request deletion of personal data	☐ Request to object to the disclosure of personal data
	☐ Request for exercising right to complain

Please specify the purpose and reasons for your request

....
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....
....

The Company will use the personal data that you have provided in this form, to carry out your request.
This personal data may be disclosed within the company or contractors/service providers of the company

Signed: ……………………………………………. Complainant

(………………………………………………..)

FM-HRM-065

For Officer of Seafco Public Company Limited

Data Protection Officer (DPO)

Acknowledged and forwarded to the department of ☐ HRM   ☐ ITS to inspect further

………………………………………..

(……………………………………….)

Data Protection Officer

Date: …………………………………………..

Data Processor (HRM/ITS)/Inspector

Person performing the inspection: …………………………………………. Processing date: ………………………………

Summary inspection method: ……………………………………………………………………………………………………..

Inspection results: ☐ Proceed with the request by……………………………………………………………………………

☐ Not proceeding with the request because: ……………………………………………………

Risk assessment results (affect the rights and freedoms of individuals) ☐ High ☐ Low

…………………………………………   …………………………………………

(……………………………………….)   (……………………………………….)

Data Processor/ Inspector   **Chief of Data Processor Section**

Date: ……………………………………………..   Date: ……………………………………………..

Data Protection Office (DPO)

☐ Proceed with the request   ☐ Not proceeding with the request

Notify the data owner: How to proceed: ………………………………………………………………………...........

on (date):……………………………………   By channel: ………………………………………………………………….

* In case there is high risk, please notify the Personal Data Protection Committee within 72 hours.

By channel ☐ Tel. 02-142-1033 ☐ E-mail: pdpc@mdes.go.th or other, please specify: ………………………………..

Receiver: ………………………………………………… Notifying date: …………………………………………………

…………………………………………

(……………………………………….)

Personal Data Protection Officer

Date: …………………………………………..

Processing time; not more than 30 days from the date of receipt of the matter, spending in total...........days

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