

**PERSONAL DATA CORRECTION REQUEST FORM**



**This Data Correction Request is made to: AmBank (M) Berhad (Company No: 8515-D)/ Amlslamic Bank Berhad (Company No: 295576-U)**

**IMPORTANT NOTE:**

- This form is to be completed by individuals requesting correction to personal data
- Your request may not be processed if the information / document provided is incomplete.
- Third Party Requestor is to be present at the relevant office / branch to submit this form and for verification of information and documents required.
- The supporting document(s) required in this form must be provided. We will respond within 21 days of receipt of the completed form with accompanying documents.
- If you have any queries / need any guidance in filling-up this form, you may contact:  
Customer Service Officer at Tel: **1300-80-8888** (domestic) or **03-2178 8888** (overseas) / e-mail: [customercare@ambankgroup.com](mailto:customercare@ambankgroup.com)
- If you wish to mail / fax this form, the duly completed form can be mailed / faxed to:  
Customer Service Officer (Data Correction Request), P.O Box 12617, 50784 Kuala Lumpur

**PART A : ABOUT YOURSELF**

- I am a customer / former customer of and I would like to correct my personal data
- I am a Third Party Requestor [i.e. I am making this personal data correction request for another person.]

**PART B : PARTICULARS OF THE DATA SUBJECT**

Full name (as per NRIC): \_\_\_\_\_

NRIC/Passport Number: \_\_\_\_\_ (Copy to be attached)

Address: \_\_\_\_\_

Account No. / Other Ref. No: \_\_\_\_\_

Telephone No:- Office/Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PART C : PARTICULARS OF THIRD PARTY REQUESTOR**  
**[ to be filled if request is made by a person other than Data Subject ]**

Full name: \_\_\_\_\_

NRIC / Passport/ Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No:- Office/Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

⇒ I am making this request for the correction of personal data of Data Subject because Data Subject:

- is a minor and I am the parent / legal guardian / parental responsibility over the Data Subject
- is incapable of managing his/her affairs and I have been appointed by Court to manage his affairs
- had passed away and I have been appointed as administrator of Data Subject's estate.
- authorised me in writing to make this data correction request
- other reason: (please specify):ō õ ..

⇒ In proof of my capacity, I enclose the following:

- copy of my NRIC / Passport (original to be produced for inspection); and
- original of Court Order / Power of Attorney
- original of authorisation letter from Data Subject
- other documents (please specify):ō õ ..

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**PART D : PRODUCTS / SERVICES FOR WHICH PERSONAL DATA CORRECTION IS REQUIRED**

⇒ Please tick [1/4] for the type of product / service offered by AmBank/Amlslamic Bank for which the personal data correction is being requested:

- Deposits                       Loans / Financing     Cards                       Wealth Management  
 Small Business               Online Banking  
 Other product / service (please specify): \_\_\_\_\_  All products / service by AmBank / Amlslamic Bank  
 I am / Data Subject is a \_\_\_\_\_ for a facility provided to \_\_\_\_\_  
 I am / Data Subject is a director / shareholder / authorized signatory of \_\_\_\_\_

**PART E: THE PERSONAL DATA CORRECTION REQUESTED**

Personal Data Item <i>(e.g. address, telephone number etc)</i>	Correction / Deletion / Addition of Personal Data	Product	Remarks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PART F : DECLARATION**

*(by Data Subject / Third Party Requestor)*

I, \_\_\_\_\_ (NRIC / Passport No: \_\_\_\_\_) hereby certify that the information given in this form and all documents enclosed are true and accurate.

\_\_\_\_\_  
*(Signature of Data Subject / Third Party Requestor)*                      Date: \_\_\_\_\_

**PART G : ACKNOWLEDGMENT RECEIPT**

*(by AmBank/Amlslamic Bank)*

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_  
*(signature of AmBank Group staff receiving the correction request)*

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Office / Branch: \_\_\_\_\_ Official Rubber Stamp: