



PDPA Personal Data Request

Please note that you may only request to access / correct / withdraw consent for use and disclosure of your personal data that is held by SOZO Pte Ltd. ("**SOZO**" or "**we**"). If you are submitting this request on behalf of another person, you must provide proof of such authorisation.

We will respond to your request within 30 days after our receipt of this request. Please note that pursuant to the Personal Data Protection Act, we may refuse to provide access under certain limited circumstances.

Please provide the following information and return the completed form with attachment of a scanned copy of your NRIC/ FIN card by mail or email to:

Email: PI_Inquiry@sozo.sg

Address: UB Point, 61 Ubi ave 1, #06-16, Singapore 408941

Name: _____

Email: _____ Phone number: _____ NRIC/FIN: _____

Address: _____

Type of Request (please check):

Access to Personal Data

Correction of Personal Data

Withdrawal of Consent

Request Details (e.g. type of personal data, the date on which and circumstances under which SOZO may have collected such data / the correction to be made / the specific purpose(s) for which consent is to be withdrawn):

--

Confirmation

I confirm that this request relates to my own personal data and warrant that where I am submitting this request on behalf of another person, I am authorised by such person to submit such request and to provide his/her information for such purposes. I will indemnify SOZO in respect of any penalties, liabilities, claims, demands, losses and damages as a result of breach of this warranty.

I declare that the information provided in and with this request are true in every respect, and agree that such information may be collected, used and disclosed by SOZO and its related corporations and affiliates, and/or third party service providers for the purpose of processing this request and/or in accordance with its data protection policy.

I acknowledge that I am fully aware of the possible consequences of such withdrawal of consent, which may include the inability of Sony to continue to provide services to you.

Signature (*Compulsory*): _____

Date: _____

In order to process your request, please provide SOZO evidence of your identity (e.g. scanned copy of NRIC/FIN) together with the submission of this form. If you are submitting this request on behalf of another person, please provide written authorisation and proof of identity of such person in addition to evidence of your identity.

For official use	
Received by:	Date:
Processed by:	Date: