



REQUEST FOR CORRECTION AND ERASURE FORM

The Data Privacy Act of 2012 provides you ("the Data Subject" or "the Authorized Requestor", if not the Data Subject) with the **right to correct or remove the personal data** we, Bloomberry Resorts and Hotel Inc. (BRHI)/Sureste Properties, Inc. (SPI) (collectively, the "Company") hold about the Data Subject. This form is used to confirm your identity and to assist us in locating your personal data.

This form can also be used to confirm the identity and authority of someone making the request on behalf of the Data Subject.

Your request will be processed within thirty (30) days upon receipt of this form. We may require reasonably sufficient personal data from you to satisfy the Company as to your identity and to locate the personal data sought.

I. Data Subject Details

Full Name:			
Address:			
Email Address:		Contact number (Telephone/Mobile	ile):
Relationship to			
the Company:			
Are you the Data			
Are you the Data	Subject? ☐ Yes	□No	
If you are not the Data Su	ata Subject, you mu ubject's authority su ized Special Power		•





If **authorized**, please provide the following information:

Full Nam):		
Address:			
Email Ad	drace	Contact number	
Ellian Au	11655.	(Telephone/Mobile):	
Relations	hip to		
the Data			
Subject:			
Confirmin	g Data Subject's Identity an	nd Authorized Requestor's I	dentity
Commi	g Data Subject 3 lucitity and	ia Authorized Requestor 3 i	dentity
cer	must confirm the identity of t tified true copy of one of ropriate box to indicate which	the documents listed belo	w. Please tick the
	overnment-issued ID (TIN, NB License, etc)	BI Clearance, Senior Citizen's	SID, PRCID, Driver's
□P	assport		
If th	e Data Subject's name is dif	ferent from the document o	r ID presented, you
	st supply a copy of docume	-	•
	nge of name (e.g., marriage	certificate, change of name	e deed or statutory
uec	laration).		
Red doc	ou are not the Data Subject, y uestor by submitting us an uments listed below. Pleas ument you have enclosed.	original or certified true	copy of one of the
L	overnment-issued ID (TIN, NB icense, and so on) assport	BI Clearance, Senior Citizen's	ID, PRC ID, Driver's
lf t	ne Authorized Requestor's	name is different from th	e document or ID
pre	sented, you must supply a c	copy of documentary evide	nce to confirm the

ı.





Authorized Requestor's change of name (e.g., marriage certificate, change of name deed or statutory declaration).

III. Confirming Authorized Requestor's or Data Subject's Mailing Address

If you opt to have your personal data mailed to the Authorized Requestor's or Data Subject's address, you must confirm your address by sending us a certified true copy of one (1) of the documents listed below. Please tick the appropriate box to indicate which document you have enclosed. Gas, electricity, water or telephone bill in the Authorized Requestor's/Data Subject's name for the last quarter Council tax demand in the Authorized Requestor's/Data Subject's name for the current financial year Bank or credit card statement in the Authorized Requestor's/Data Subject's name for the last quarter	
IV.Correcting / Erasing the Personal Data of Data Subject	
Details of the information you believe to be inaccurate and rectification required OR reason why you wish to have the personal data erased:	

You must attach relevant documents as proof of correct information e.g., where a date of birth is incorrect, please provide us with a copy of the official National Statistics Office Birth Certificate. Please note that your right to request rectification/deletion is not absolute and may be declined by the Company in certain cases. You have the right to complain this refusal to the Office of the National Privacy Commission at complaints@privacy.gov.ph.





V. Methods of Notification

	☐ I would like the reply to be delivered to the mailing address noted in the item
	IV above.I would like the reply to be delivered through soft copy/scanned copy to my e-mail address.
	☐ I would like to receive it personally by hand.
VI. F	Formal Declaration
C	n the exercise of the right granted to me under the terms of the Data Protection Act of 2012, I request that you correct or remove the personal data about the Data Subject which you process for the purposes I have indicated overleaf.
t t	confirm this is all of the personal data to which I am requesting access. I also confirm that I am either the Data Subject, or an authorized to act on their behalf. I am aware that it is an offence to unlawfully obtain such personal data, e.g., by impersonating the Data Subject or its authorized representative.
it b	certify that the information given in this form is true and accurate. I understand that is necessary for the Company to confirm my/the Data Subject's identity and it may be necessary to obtain more detailed information in order to confirm my identity and/or locate the correct information.
r C	By signing this form, I likewise explicitly and unambiguously consent to the collection, processing and storage of the personal data provided in this Form for the purpose(s) of providing the access request which I hereby make and that which is stated in the Company's Privacy Policy (accessible at https://www.solaireresort.com/about#privacy-policy)
Si	igned by:
-	Signature over Printed Name Date (YYYY-MM-DD)





Checklist:

Have you:

lave you.	
1) Completed the Access Request Form in full?	
2) Enclosed the relevant form of identity and authority (see section 2)	
3) Enclosed the relevant form of identity and address (see section 3 and 4)	
4) Included document/s as proof of correct information?	
5) Signed and dated the Access Request Form?	

Send the completed form and enclosures to:

Data Protection Officer
Compliance Department
Solaire Resort North
1 Solaire Drive, Vertis
Bagong Pag-Asa, Quezon City
1105 Metro Manila, Philippines