

PERSONAL DATA CORRECTION AND ERASURE FORM

United Coconut Planters Life Assurance Corporation ("Cocolife", for brevity) recognizes the rights of our Data Subject under the Data Privacy Act of 2012 to amend, correct, remove and erase the personal data we hold about them. Thus, this form is used to assist Cocolife in servicing our Data Subject's request and confirming the identity and authority of their representative transacting on behalf of the Data Subject.

A. DATA SUBJECT DETAILS

Full Name		Existing Policy Number/s (if any)
Address		
Telephone No.	Mobile No.	Email Address

B. IF AUTHORIZED, PERSONAL DATA OF REPRESENTATIVE

Full Name		Relationship to the Data Subject
Address		
Telephone No.	Mobile No.	Email Address

If you are not the Data Subject, you are required to provide the following documentary evidence to verify the Data Subject's authority supporting this request:

- ☐ Original Copy of a Duly notarized/consularized Special Power of Attorney issued by the Data Subject; or
- ☐ Original Copy of a Duly notarized Data Subject's written authority; or
- ☐ Certified True Copy of Appointment of a Receiver by the Court; and
- ☐ Photocopy of any Government-issued ID (TIN, SSS, Senior Citizen's Card, PRC, Driver's License, COMELEC, Passport, etc.)

C. CONFIRMING DATA SUBJECT'S IDENTITY

If you are the Data Subject, you are required to confirm your identity by submitting to Cocolife an original or certified true copy of any of the Government-issued ID (TIN, SSS, Senior Citizen's Card, PRC, Driver's License, COMELEC, Passport, etc.)

Should there be any discrepancy between the documents subject of the request and ID presented, you shall be required to provide a copy of documentary evidence to confirm any change of name or discrepancy e.g. marriage certificate, court order, sworn affidavit.

D. CORRECTION AND ERASURE OF PERSONAL DATA OF DATA SUBJECT

To respond to your request, please provide details of the information you think erroneous/inaccurate and modification required, thus:

Details of existing erroneous/inaccurate information	Corrected Information

To respond to your request, please provide details of the information you think erroneous/inaccurate and modification required, thus:

*** Please attach relevant documents as proof of correct information e.g. date of birth is incorrect, provide us with copy of your birth certificate issued by the Philippine Statistics Authority. Furthermore, please be reminded that your right to request rectification/deletion is not absolute and may be refused by Cocolife in some cases e.g. statutory requirement, pending contractual obligation, etc.*

E. DECLARATION AND METHODS OF NOTIFICATION

By submitting this form, I request that you correct or remove the personal data about the Data Subject which you process for the reasons indicated above. I certify that the information given in this form and documents submitted are true and correct. Further, I agree that it is necessary for Cocolife to confirm my identity as Data Subject and I/my representative, and if needed, to obtain more detailed information in order to confirm my identity, request and/or locate the correct information.

Kindly notify me of your reply through:

- ☐ Mailing ☐ Soft/Scanned copy to my e-mail address indicated above ☐ Personally by hand at Cocolife – Head Office

Printed Name and Signature: _____ Date: _____ Place Signed: _____

You may send the completed form, enclosures and Consent Form to:

Cocolife Data Protection Officer
Cocolife Building, 6807 Ayala Avenue, Makati City
e-Mail address: dpo@cocolife.com
Telephone No.: 8812-9015

Right Thumbmark

(if unable to sign or if signature is in block letters)

Left Thumbmark

(if unable to sign or if signature is in block letters)

****Your request will be processed within 30 days upon receipt of this form. To avoid delay, please ensure to submit all the required attachments.**