

DATA SUBJECT'S RIGHTS REQUEST FORM

You as the Data Subject has the rights under Personal Data Protection Act 2019 (the “**Personal Data Protection Laws**”) in respect of collection, use and/or disclosure of your Personal Data. You could exercise your rights by submission of this Form in person or through e-mail DPO@asiaplus.co.th.

Please fill in the required information and tick “x” in boxes ☐ for topics marked with * these are the required topics for you to fill out to process your requests. The Company respects your personal rights and will handle your concerns with care.

Data Subject's Information:

Name-Surname*: _____ Account Number (if any) _____
 ID Card No. _____ Passport No. _____
 Contact Address: _____
 Telephone Number*: _____ E-mail*: _____

☐ Submit in person ☐ Submit through authorized person (please attach the Power of Attorney)

For our identity verification process and for processing your request, please enclose the following documents:

☐ A copy of ID Card ☐ A copy of passport (Foreigner)
☐ Power of Attorney (If you are an authorized person action for the Data Subject)

Data Subject's Relationship with the Company

☐ Customer _____ ☐ Others (please specify) _____

Data Subject's Right to be exercised:

☐ Right to Access to the Personal Data ☐ Right to Object the Personal Data Processing
☐ Right to Delete the Personal Data ☐ Right to Limit the Personal Data Processing
☐ Right to Correct the Personal Data ☐ Right to Withdraw Consent
☐ Right to Transfer the Personal Data *(The Company reserves the right to execute as the Company's technical limitations)*

The details of the personal data and reasons of your request*

No.	specify the personal data (e.g. name, date of birth, address, and telephone number)	The reasons of your request

Additional explanations*

Please acknowledge that:

- (1) You must provide clear and sufficient details of the personal data and the rights that you intend to exercise to accommodate the Company to process as your request. If you do not provide such reasonable and sufficient details, the Company may be unable to process your request efficiently.
- (2) The Company may contact you for additional information or documents in order to process your request.
- (3) The Company will use your personal data given in this Form for the purpose of processing your request. The Company may disclose such personal data within the Company and its subsidiaries or to its personnel, business counterparties, contractors or service providers to process your request.
- (4) In certain cases, an exercise of your rights might prevent the Company from offering the products or services to you in the future.
- (5) The Company will process your request free of charge. However, the Company may charge a reasonable fee if your request is repetitive or manifestly unfounded or excessive. The fee will be based on the administrative cost of providing the information.
- (6) In case you find that the Company refuses to process your request is unreasonable. You have the right to lodge a complaint with the Personal Data Protection Committee.
- (7) The Company will fulfill your request within 30 days after the receipt of your request. However, please note that the company may extend the fulfillment of your request to 60 days if necessary, depending on the complexity and number of requests.

Representations and Warranties

I hereby warrant that I have read and understood the contents of this Form and enclosed the identity documents with this Form. I hereby consent for the Company to collect, use and/or disclose such documents for the purposes of processing my request.

I hereby represent and warrant that the documents submitted by me including the information contained in this Form are true, accurate and complete. I further represent and warrant that in the exercise of rights in this Form, I have legitimate rights and I have no intent to cause undue damage to any person or the Company. I therefore set forth my signature in space below.

Signed.....
(.....)
Data Subject / Authorized Person
Date.....

For Personal Data Protection Officer

Form Receipt Date : _____
Recorded Date : _____

For Company

Returned Receipt Date : _____
*Accept/Reject : _____
Reason to Reject (if any) : _____