

## Data Subject Request Form

As the owner of personal data, you have legal rights under the Personal Data Protection Act B.E. 2562 (2019). Please fill in your details and personal information and send the completed form and proof of your identity to the email: dpo@moshimoshi.co.th

### Part 1: Information of the personal data subject

Name-Surname:	
Identification Number/Passport Number:	
Telephone Number:	
Email:	
Address:	

### Part 2: Identification documents

In the event that you file the request yourself

#### Supporting documents

- Copy of National ID card (Thai nationality)
- Copy of passport (Foreigners)
- Others (Please specify) .....

Application filed by a representative

#### Supporting documents

- Power of Attorney
- Copy of the national ID card/passport of the personal data subject
- Copy of the national ID card/passport of the personal data subject's representative

### Part 3: Request for exercising the following rights

- |   |   |
|---|---|
| <input type="checkbox"/> To receive personal data   | <input type="checkbox"/> Suspend the use of personal data   |
| <input type="checkbox"/> To object to the collection, use, disclosure of personal information | <input type="checkbox"/> To correct personal information    |
| <input type="checkbox"/> To transfer personal data  | <input type="checkbox"/> To delete or destroy personal data |
| <input type="checkbox"/> To withdraw consent  |   |

Please provide details.\*

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Note: The Company may reject your request if it is found that:

- (1) The request is unreasonable.
- (2) The request is wasteful.
- (3) The request is required for contract performance or entering into a contract.
- (4) The request is required for compliance with laws or court orders.
- (5) The processing of such personal data is necessary for legitimate interests.
- (6) The request may have a negative impact and damage on the rights and freedoms of others.
- (7) The request is required for the establishment, exercise, or defense of legal rights.

However, when the Company receives the form and relevant documents and checks the documents, the Company will notify the person concerned under the supervision of the Company immediately. If there is no reason to refuse the request, the Company will process your request within 30 days from the date of receipt of the request and complete supporting documents.

I hereby certify that the abovementioned information and all supporting documents for submitting this form are true and correct in all respects. If it is later found that the statement or document is not true, I agree to be liable for all damages incurred. In this regard, I acknowledge and understand the need for the Company to verify my identity and authority in order to properly and completely consider my request.

Sign ..... Applicant  
( ..... )  
...../...../.....

For Staff use only:	
Name and Surname of the Receiver.....	
The request has been sent to the Department.....on Date/Time.....	
<u>Approver:</u>	
<input type="checkbox"/> Approve to proceed with the request <input type="checkbox"/> Not approve the proceeding (specify reasons)	
<u>Details:</u>	
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.....	
Sign	Approving Officer
(.....)	
Date ..../...../ .....	