

Data Subject Rights Request Form

According to Personal Data Protection Act B.E. 2562 (2019), a data subject is entitled to exercise the rights on his/her personal data that **Yuvabadhana Foundation** ("the Foundation") may hold. The information required on this form is necessary to fulfill your request.

If the data subject wishes to exercise the data subject rights, please fill in all information required in this form and proceed as instructed by the Foundation.

Notification (You should ensure that you read and understand the notification before completing this form)

1. Please provide clear and complete details of the personal data that you wish to exercise your rights for the Foundation's consideration and/or effective fulfillment of your request. The Foundation will fulfill your request or notify the result of consideration of your request within 30 days from the date the Foundation receives the completed form, or within the period specified by law, or within other reasonable period of time.

2. The Foundation reserves the right to inquire or request for additional documents e.g. copy of identification card or copy of passport in order to verify your identity in exercising the rights.

3. You hereby consent for the Foundation to collect, use or disclose personal data you have provided in this form for the purpose of considering and/or fulfilling of your request.

4. The Foundation will notify the result of consideration of your request via email, phone message, postal letter or other channels according to the contact information you provided.

Part 1. Details of Data Subject

Name-Surname: _____ ID card /Passport number: _____

Contact number: _____ E-mail: _____

Contact address

House No.: _____ Building/Village: _____ Village No.(Moo): _____ Alley/Lane(Soi): _____ Road: _____

Sub-district: _____ District: _____ Province: _____ Postal Code: _____

Part 2. Details of guardian of the Data Subject

In case the data subject is a minor (person under the age of 20 years old) /an incompetent person* / a quasi-incompetent person* (*as defined by law)

Name-Surname of a parental holder/custodian/curator : _____

ID card /Passport number: _____ Contact number: _____ E-mail: _____

Relationship with the data subject

- the parental holder (minor)
 the custodian (incompetent person)
 the curator(quasi-incompetent person)

Part 3. Detail of Request

Relationship between the Data Subject and the Foundation

- Donor Donee Guadian/Parent School personnel Network partners or Network partners' personnel
 Volunteer Participant Current employee Former employee Job applicant
 Service provider Visitor Others (please specify) _____

Part 4. The Right(s) requested by the Data Subject

Remark : Please indicate which right(s) you wish to request by marking 'v' in the appropriate box or boxes and fill in the relevant details below

List of the Rights	Details of Personal Data you wish to exercise the rights (e.g. address, contact number, name-surname etc.)	Purpose of the processing of Personal Data you wish to exercise the rights for which the Foundation previously asked for your consent or notified you	Details of Exercising Rights
<input type="checkbox"/> 1. Withdrawal of consent			Please specify reason(s): _____
<input type="checkbox"/> 2.1 Access to Personal Data <input type="checkbox"/> 2.2 Obtaining a copy of Personal Data <input type="checkbox"/> 2.3 Disclosure of the acquisition of Personal Data			Channel to access/obtain a copy of Personal Data () Send to the Data Subject by e-mail as specified in Part 1 () Send to the Data Subject by post as specified in Part 1 () In person
<input type="checkbox"/> 3. Rectification of Personal Data			From (Please specify) : _____ Change to (Please specify) : _____
<input type="checkbox"/> 4.1 Erasure of Personal Data <input type="checkbox"/> 4.2 Destruction of Personal Data <input type="checkbox"/> 4.3 Anonymization of Personal Data			Ground for the request () no longer necessary to retain such Personal Data for the purposes of collection () data processing consent being withdrawn () data processing being objected () Unlawful data processing
<input type="checkbox"/> 5.1 Data portability to other personal data controllers <input type="checkbox"/> 5.2 Obtaining of Personal Data <input type="checkbox"/> 5.3 Obtaining of Personal Data sent or transferred to other personal data controllers			Transfer to (Please specify name/details of other personal data controllers): _____ Channel to obtain a copy of Personal Data (only 5.2-5.3) () Send to the Data Subject by post as specified in Part 1 () Send to the Data Subject by e-mail as specified in Part 1 () In person

List of the Rights	Details of Personal Data you wish to exercise the rights (e.g. address, contact number, name-surname etc.)	Purpose of the processing of Personal Data you wish to exercise the rights for which the Foundation previously asked for your consent or notified you	Details of Exercising Rights
<input type="checkbox"/> 6. objection to the Personal Data processing		<input type="checkbox"/> For direct marketing <input type="checkbox"/> For performing task carried out for the public interest or exercising of official authority vested in the Foundation <input type="checkbox"/> For scientific/statistic research <input type="checkbox"/> For legitimate interests of the Foundation	
<input type="checkbox"/> 7. Restriction of the use of Personal Data			Ground for the request <input type="checkbox"/> pending the Foundation's examination process to rectify the Personal Data as requested <input type="checkbox"/> pending the Foundation's examination or verification process with regard to the exercising of the right to objection as requested <input type="checkbox"/> no longer necessary to retain such Personal Data for the purposes of such collection but the data subject has necessity to request for data retention <input type="checkbox"/> the Personal Data which should be erased or destroyed, but the data subject requests the restriction of the use of such Personal Data instead (Please specify) :

Additional Details of Exercising Rights (if any) Remark : Please provide any additional information of the above request e.g. document name/source of personal data to be exercised, document date, details of personal data that you wish to exercise the rights and other details in the box below for the Foundation to properly process your request

I have read, understood and accepted that my request to exercise such rights may prevent me from using, receiving services, receiving information, receiving various offers of goods or products (as the case may be) or others from the Foundation in some parts. I further acknowledge that my request to exercise such rights is subject to the scope and conditions of the Personal Data Protection Act B.E. 2562 (2019) and other relevant laws. I hereby certify that the information I have provided in this form including supporting documents for identity verification and any other documents sent to the Foundation is true and correct in all

Signature of Data Subject /Representative of Data Subject: _____ Date of Request: _____

If you have any inquiries about this form, please contact our data protection officer at E-Mail : DPO_YBF@ybf.premier.co.th

For Staff Members of the Foundation Only

Request Form No. (DSAR#): _____ Date of Receipt of Request: _____

Name of Staff of the Foundation receiving the Request: _____

Approve to proceed with the request

Disapprove/Reject the request

Please specify the reason: _____

Name of authorised person to approve/disapprove the request: _____ Approval/Disapproval Date: _____

Name of executing staff: _____ Execution Date: _____

Name of staff notifying the status of Request to Data Subject: _____ Notification Date: _____

In case that the Foundation rejects to proceed as requested by Data Subject, the Foundation has recorded its rejection together with supporting reasons in the Foundation's record as prescribed in Section 39 of the PDPA

Record Date: _____ Recorder: _____