

Request for Exercising Data Subjects' Rights Form¹

1. Data Subjects' Rights

With respect to the personal data collected, used or disclosed by Thai Institute of Directors Association (“IOD”), the data subjects may exercise the rights under the Personal Data Protection B.E. 2562 (2019) (“PDPA”) by submit this request form and supporting documents in person, via email or in writing by post to IOD or Data Protection Officer as detailed below:

Thai Institute of Directors

To: Thai Institute of Directors Association
 Address: CMA. Building2, 2/9 Moo 4 Northpark Project, Vibhavadi-Rangsit Road, Thung SongHong, Laksi, Bangkok 10210
 Tel: +66-2-955-1155
 Email: iod-pdpa@thai-iod.com

Data Protection Officer

To: Ms. Nisa Jirapongwanich
 Address: CMA. Building2, 2/9 Moo 4 Northpark Project, Vibhavadi-Rangsit Road, Thung SongHong, Laksi, Bangkok 10210
 Tel: +66-2-955-1155 ext. 100
 Email: dpo@thai-iod.com

2. Details of Data Subject and the Applicant on behalf of the Data Subject

2.1. Please provide information below (for the benefit of IOD to contact you regarding the exercise request and for the purpose of searching for personal data in accordance with Paragraph 3.1).

Data Subject's Information			
First and last name:			
Address:			
Date of birth:			
Phone number:		Email address:	
Option to receive the Personal Data <i>(For exercising the right to access the Personal Data):</i>	<input type="checkbox"/> via email with the security <input type="checkbox"/> receive in person (required for the verification to receive to Personal Data)		
Proof of Data Subject's Identity			
IOD requires proof of your identity before IOD can respond to your request. If this form is submitted to IOD in person, IOD may ask you to present your identification such as identification card, passport or driver license (not expired), when submitting the form and/or provide a certified true copy by the cardholder of such identification document and redact your sensitive data, e.g., religion, genetic and blood type, from the certified copy before providing it to IOD. If you send this request by email or by post, you must attach a photocopy of the government-issued			

¹ To support the exercise of the rights of the data subject under Sections 30-34 and Section 35 of PDPA.

identification card (not expired) certified true copy by the cardholder and redact any sensitive data e.g., religion, genetic and blood type, together with the request before submitting it to IOD,	
Request Made on Data Subject's Behalf (only in the case of doing it on behalf of the data subject)	
If you submit this request on behalf of the data subject, please provide additional information below.	
First and last name:	
Phone No. or email address:	
Relationship with Data Subject:	
Evidence Documents:	<p>To establish your and the data subject's identity and the legal authority to act on the data subject behalf, you may provide the following to IOD.</p> <p><input type="checkbox"/> Copies of identification document of you and the data subject (<i>you must redact the sensitive data contained in the identification, e.g. religion, genetic data, and blood type prior the submission to IOD</i>)</p> <p><input type="checkbox"/> Power of attorney authorizing you to act on the data subject's behalf or other evidence of guardianship, i.e. as the parent, guardian, and curator of the data subject ((if the data subject is a minor, incompetent person or a quasi-incompetent person)</p>

2.2. If you have changed your name, last name or title please provide the relevant documents evidencing the change.

2.3. IOD will only use the information you provide on this form to identify you and the Personal Data you are requesting to exercise your rights, to respond to your request. IOD may request additional information from you to help confirm your identity and legal authority.

3. Exercise of Rights

3.1. Please provide details regarding your request below.

What is your relationship with IOD?	<input type="checkbox"/> Member <input type="checkbox"/> Participants who attended training, seminars, or meetings <input type="checkbox"/> Personnel <input type="checkbox"/> Candidate <input type="checkbox"/> Consultant <input type="checkbox"/> Executive <input type="checkbox"/> Lecturer	<input type="checkbox"/> Vender <input type="checkbox"/> Committee of IOD <input type="checkbox"/> Users of the website or application <input type="checkbox"/> Representative, contact person, coordinator of _____ <input type="checkbox"/> Other (please specify _____)
Which right(s) you wish to exercise? (you may further	<input type="checkbox"/> Access and Obtain: to access your Personal Data, obtain copy of your Personal Data and to disclose the acquisition	

<p><i>review and study details of these rights in the Privacy Policy of IOD)</i></p>	<p>of your Personal Data which IOD obtained without your consent</p> <ul style="list-style-type: none"> <input type="checkbox"/> Data Portability: to receive your Personal Data and to transmit your Personal Data to the third party, or to receive the personal data which IOD transferred to the third party <input type="checkbox"/> Objection: to object the collection, use or disclosure of your Personal Data <input type="checkbox"/> Deletion ('right to be forgotten'): to have your Personal Data deleted, destroyed or de-identified <input type="checkbox"/> Restriction: to restrict the processing of your Personal Data <input type="checkbox"/> Rectification: to rectify your inaccurate Personal Data to remains accurate, up-to-date, complete and not misleading <input type="checkbox"/> Withdraw Consent: to withdraw your consent
<p>What is the information held by IOD that you wish to exercise your right(s) to? <i>(Please provide details about such information, e.g., time frames, dates, types of transaction, types of documents, file numbers or other relevant information (if any))</i></p>	
<p>Please provide reasons why you wish to exercise the right(s).</p>	
<p>What is the purpose(s) of processing you wish to withdraw your consent? <i>(Please specify this item only when you exercise the right to withdraw your consent)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> All purposes of processing which rely on your consent <input type="checkbox"/> Certain purposes (please specify) _____

- 3.2. IOD will contact you for additional information if your request is unclear or does not provide sufficient information for IOD to response to your request.
- 3.3. In the event that IOD is requested to send or transfer the Personal Data to the data subject at the address or email provided in item 2.1 and such address or email is not in line with the information held by IOD, IOD reserves the right to not proceed accordingly, until it is proved to IOD that such address or email is the address or email of the data subject.
- 3.4. For the benefit of the Data Subject that IOD takes into account and is committed to the safety and protection of personal data, IOD may refuse to comply with your request if (a) the person submitting the request does not have evidence to verify that he/she is the data subject or does not has the authority to submit such request, (b) such request is unreasonable, for example, the person submitting the request does not have legal grounds to exercise the rights or Personal Data in the possession of IOD, (c) such request is superfluous, e.g. requests of the same nature or of the same content repeatedly without justifiable reason, (d) IOD has compelling legitimate grounds to reject such request as required or permitted by the PDPA and/or any applicable laws.

4. Signature and Acknowledgment

You have read and understood the contents of this request carefully and certify that the information provided to IOD is true and correct. You better understand that such verification by IOD is to verify your identity and protect your personal information. Verification of your authority by IOD is required in order to fulfill a request to protect the personal information of the data subject according to law. IOD may request additional information from you in order to complete the request correctly and completely. In this regard, you therefore sign this request as evidence.

Applicant _____ (sign)

Name _____

Date _____