

ERASURE REQUEST FORM

Template # AEV-ECT-FM-003
Version No. 1

After filling up this form, kindly send to:
AEV Data Protection Officer
Address: NAC Tower, 32nd Street, Bonifacio Global City, Taguig City 1634
Email: aevdpo@aboitiz.com
Email Subject Format: (NAME OF RIGHT) - NAME OF DATA SUBJECT/REQUESTOR
example: RIGHT TO ACCESS - JUAN DELA CRUZ

The information collected in this form will be used for the sole purpose of complying to the request of the data subject or his/her authorized representative. Aboitiz Equity Ventures, Inc. may require additional information as may be necessary to confirm the identity of the requesting individual or his/her authorized representative, taking into consideration the principle of proportionality. Any information collected shall be disposed of after 12 years.

INSTRUCTIONS: Fill in all details completely. Write N/A if not applicable.

I. DATA SUBJECT INFORMATION

FULL NAME	
ADDRESS	
EMAIL ADDRESS	
MOBILE NUMBER	

II. DESCRIPTION OF INFORMATION REQUESTED FOR ERASURE *(Please provide sufficient details about the personal data you are requesting for erasure. Use a separate sheet if necessary.)*

III. GROUND/S FOR ERASURE REQUEST

(Mark appropriate boxes as applicable and provide/attach substantial proof.)

Personal data is:

- Incomplete
- Outdated
- False
- Unlawfully obtained

Details: _____

Personal data is used for an unauthorized purpose/s.

Details:

Personal data is no longer necessary for the purpose/s for which they were collected.

Details:

Withdrawal of consent or objection to the processing (*and there are no other applicable lawful criteria for processing*).

Details:

Personal data concerns private information that is prejudicial to data subject.

Details:

Processing is unlawful.

Details:

The personal information controller (PIC) or personal information processor (PIP) violated your rights as a data subject.

Details:

IV. DECLARATION

I declare that this form is accomplished by the undersigned and is a true, correct, and complete statement of the information contained herein. I also authorize Aboitiz Equity Ventures, Inc. to verify/validate the contents stated herein.

SIGNATURE OVER PRINTED NAME

V. AUTHORIZED REPRESENTATIVES

FULL NAME	
ADDRESS	
EMAIL ADDRESS	
MOBILE NUMBER	

I declare that this form is accomplished by the undersigned as the authorized representative of the data subject. It is a true, correct, and complete statement of the information contained herein. Enclosed is the proof of the authority to act on behalf of the data subject. I authorize Aboitiz Equity Ventures, Inc. to verify/validate the contents stated herein.

SIGNATURE OVER PRINTED NAME

FOR INTERNAL USE ONLY

RECEIVED BY:	REMARKS:
DATE RECEIVED:	
TRANSACTION NO.: ER-2021-00__	