A picture containing text

Description automatically generated

**More evidence, less poverty**

**DATA SUBJECT REQUEST FORM**

**(*To Inquire, Obtain, Correct, or Delete Personal Data*)**

Innovations for Poverty Action in the Philippines (“IPA”) adheres to Republic Act No. 10173, otherwise known as the “Data Privacy Act”, its Implementing Rules and Regulations as well as other guidelines and issuances by the National Privacy Commission.

As a Data Subject you have the following rights, among others:

1. Right to have your personal data corrected, updated or erased;
2. Right to withdraw your consent to the use of your personal data or stop its use for a particular purpose/s;
3. Right to inquire and obtain from IPA access to or copy of any information relating to your personal data that IPA has on its database;
4. Right to complain for any violation of any of these rights or misuse of your personal data.

By accomplishing and submitting this form, you understand and agree that the information collected are necessary to address your request and shall only be stored for six months after fulfilling your request. For more information on how we process your personal data, please read our Privacy Notice. You may request a copy of the Privacy Notice by contacting our Data Protection Officer through: [dataprotection\_ph@poverty-action.org](mailto:dataprotection_ph@poverty-action.org).

**INSTRUCTIONS:**

1. This form should be submitted together with the following supporting documents to allow us to verify your identity or authority:
2. For the data subjects:
   1. Copy of valid government issued ID
3. For persons requesting for and on behalf of another:
   1. Authorization letter signed by the data subject;
   2. Copy of valid government issued ID of the data subject; and
   3. Copy of valid government issued ID of the representative
4. For the legal heirs and assigns of the data subject invoking the transmissibility of the right of the data subject:
   1. For deceased data subject: Copy of Death Certificate of the deceased data subject, Birth Certificate and copy of valid government issued ID of the legal heirs or assigns.
   2. For minor or incapacitated data subject: Copy of Birth Certificate of minor/incapacitated and copy of valid government issued ID of parents or guardian.
5. For organizations requesting on behalf of its members:
   1. Authorization letter signed by the data subject or any proof of authorization and
   2. Proof of membership of data subject in the organization
6. Once accomplished, please scan or take a photo of the form together with all your supporting documents and send them via email at: [dataprotection\_ph@poverty-action.org](mailto:dataprotection_ph@poverty-action.org)

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| --- | --- |
| **PART A. PERSONAL DETAILS** | |
| **I am a** | Data Subject |
| Representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Name of Data Subject)* |
| **Name** |  |
| **Email Address** |  |
| **Contact Number** |  |
| **PART B. NATURE OF REQUEST** | |
| **Date of Request** |  |
| **Nature of Request** | Access  Rectify  Erasure  Copy/Transfer of Data  Complaint  Inquiry  Other: *[please describe the nature of your request]* |
| **Details of Request** |  |
| **Reasons for Request** |  |
| **Documents or proof to support your request** |  |
|  | |
|  | |
| **PART C. PREFERRED WAY OF FEEDBACK ON REQUEST** | |
| In writing to the correspondence address  Via electronic format  Collect the Information in person  Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **PART D. DECLARATION** | |
| I confirm that I have read and understood the terms of this “Data Subject Request Form” and declare that all information above are true to the best of my knowledge. I understand that it is necessary for IPA to confirm my and/or the Data Subject’s identity in order to properly act on this request. I authorize IPA to verify and validate the contents stated herein. I understand and agree that the information collected shall be used to process my request.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over printed name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | |

|  |  |
| --- | --- |
| **For Internal Use Only** | |
| RECEIVED BY: | DPO REMARKS: |
| DATE RECEIVED:  (DD/MM/YYYY) |