

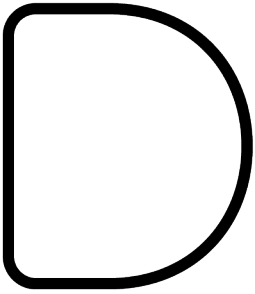
REQUEST FOR INFORMATION / AMENDMENT OF INFORMATION

1. Please complete this form in the English language. Dream Academy will refuse to comply with your request if your request is not made in the English language.
2. Please note that Dream Academy may refuse to disclose or amend any information for the reasons set out in the Personal Data Protection Act 2012 ("PDPA").
3. You are not entitled to access personal data that does not belong to you. Dream Academy may require you to verify your identity.
4. If the personal data you request is recorded in an audio form, Dream Academy may provide a transcript of the relevant part which contains your personal data.
5. It is important that you specify in this form clearly and in detail the personal data for which you request information, correction, or withdrawal of consent. Dream Academy may be unable to comply with your request if you have not provided the information that Dream Academy reasonably requires.
6. The information that you have provided herein shall be used for processing your request. The provision of the personal data herein is voluntary.
7. Please send a copy of the duly completed form to Dream Academy via facsimile or post at:

Dream Academy Productions Pte Ltd
203A Henderson Road
#02-01 Henderson Industrial Park
Attention: Privacy Officer

Fax Number: 6278 0577

8. You shall bear all postage fees.
9. A fee will be imposed on each submission of a request for access to personal data. Dream Academy will notify you of the applicable fee upon receipt of your request. All payments shall be made by way of cheque made out to **Dream Academy Productions Pte Ltd**. Please note that Dream Academy is not obliged to act on your request if the applicable fee is not paid.
10. Please attach separate sheets if necessary.



Section A: Details of requestor

Type of Request

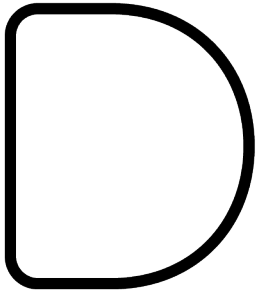
Please tick where applicable

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Correction of personal data (<i>you will not need to fill in Section D</i>) |
| <input type="checkbox"/> | Access to personal data (<i>you will not need to fill in Sections C and D</i>) |
| <input type="checkbox"/> | Withdrawal of consent to use of personal data (<i>you will not need to fill in Section C</i>) |

Requestor's Particulars

Name :	<i>If you were previously known by another name, please also state your previous name(s). Please also indicate the time period that you have used such name(s).</i>
Gender :	Male / Female*
Identification No :	NRIC / Passport No.*
Address :	
Previous Address :	<i>Complete this section if you have lived at your current address for less than one year. Please also indicate the time period that you have lived at each address.</i>
Telephone No :	<i>If you have previously used other telephone number(s), please also state your previous number(s) and the time period that you have used each number.</i>
Email :	<i>State all your email addresses. If you have previously used other email addresses, please also state your previous email addresses and the time period that you have used each email address.</i>

(*Please delete where applicable)



Proof of Identity

Please enclose **certified true copies** of one of the following documents. Please tick where applicable.

- A validly signed passport, including photograph
- A valid Singapore driving licence
- National identity card

Section B: Describe how you provided your personal data to Dream Academy

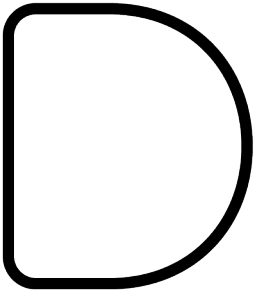
Please indicate the date on which you have provided your personal data to Dream Academy, and the reason for doing so. Please provide as much information as possible.

Please tick where applicable

- | | | | |
|--------------------------|--|--------------------------|----------------------------------|
| <input type="checkbox"/> | Job Application
Date: | <input type="checkbox"/> | Commercial Relationship
Date: |
| <input type="checkbox"/> | Visit to Dream Academy's premises
Date: | <input type="checkbox"/> | Secondment / Internship
Date: |
| <input type="checkbox"/> | Employment
Date: | <input type="checkbox"/> | Others
Date: |

Please indicate to whom your personal data was provided to:

Person-in-charge	:	
Office/Department	:	
Reference No (if any)	:	



Section C: Request for Correction

Please complete this section if you are requesting for a correction of your personal data.

<i>Type of Personal Data</i>	<i>Before Correction</i>	<i>After Correction</i>

Section D: Cessation of use of personal data

Specify the particulars of the personal data that you wish for Dream Academy to cease using. You consent to Dream Academy contacting you to inform you of the consequence of such withdrawal of consent.

Section E: Declaration of requestor

I confirm that I am the requestor named in Section A, and I am submitting this form in relation to my own personal data. I confirm that the information provided herein is true and accurate. I understand that the information that I have supplied will be used to confirm my identity and help locate the information that I have requested. I also understand that it may be used for statistical and monitoring purposes.

Signature: _____

Date: _____