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**Personal Data Breach Report Form**

The Personal Data Protection Act of 2019 mandates that the National Vaccine Institute ("**NVI**") as the data controller report any personal data breaches to the Office of the Personal Data Protection Commission. Therefore, to ensure NVI's compliance with the legislation, please provide and notify the following details of each personal data breach.

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| **Part 1: Information of Data Subject** Name................................................................................Surname..................................................................................................ID card ID card number ........................................................................................................................................ Passport .................................................................................................................................................... Others (please specify) .........................................................................................................................Mobile phone.........................................................................Email...............................................................................................I confirm that I am the same person as the data subject Yes No (please specify) ...................................Name-Surname (Authorized person) ......................................................................................................................................... |

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| **Part 2: Details of Personal Data Breach**............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

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| **Part 3: Attachments to Support the Request** (Checking marks ✓ as indicated in the documents submitted with the request form) Photocopy of national identification card or card issued by government agency that specifies the personal identification number of the requester. Police daily log/report/record (Original) Documents or evidence submitted to police officers. Other documents or evidence (if any, please specify) ……………………………………………………………………............................................................................................................................................................................................................... |

I certify that the information provided in this form, including all accompanying documents, is correct and true in all respects. If it is found that I have provided false or misleading information or submitted false supporting documents, I agree to accept full responsibility for any damage incurred.

NVI reserves the right to reject or suspend the processing of your request if you are unable to clearly demonstrate that you are the data subject or have the authority to make the request, or if there is no clear evidence of a personal data breach, as required by law.

Top of Form

 Signature ........................................................................

 (........................................................................)

 Data subject/Authorized person

 Date............./.............../................