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**Data Subject Rights Request Form**

Under the Personal Data Protection Act of 2019, the data subject is granted the right to request access to and control over their personal data that is under the control of the National Vaccine Institute ("**NVI**"), the data controller. The data subject may exercise their rights by providing information to the NVI, as follows.

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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 Request****Purpose of Request**  Withdrawal of consent Access to data/Obtain a Copy Object Rectification Data Portability Erasure Restriction **Details of Data to be Processed:**

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| --- | --- | --- | --- |
| **No.** | **Personal Data** | **Details of Request** | **Name of Service/Platform to be used** |
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**Reasons for Request** .............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................. |

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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. Power of attorney (in case the requester is not the data owner). 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............./.............../................

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