



## ERASURE REQUEST FORM

I. DATA SUBJECT INFORMATION	
FULL NAME	
ADDRESS	
EMAIL ADDRESS:	MOBILE NO.
II. DESCRIPTION OF INFORMATION REQUESTED FOR ERASURE <i>(Please provide sufficient details about personal data that you are requesting for erasure. Use separate sheet if necessary.)</i>	


III. GROUNDS FOR ERASURE REQUEST <i>(Mark applicable boxes and provide/attach substantial proof.)</i>
<input type="checkbox"/> Personal data is <input type="checkbox"/> incomplete <input type="checkbox"/> outdated <input type="checkbox"/> false or <input type="checkbox"/> unlawfully obtained. Details: _____
<input type="checkbox"/> Personal data is used for an unauthorized purpose/s. Details: _____
<input type="checkbox"/> Personal data is no longer necessary for the purpose/s for which they were collected. Details: _____
<input type="checkbox"/> Withdrawal of consent or objection to the processing <i>(and there are no other applicable lawful criteria for processing)</i> . Details: _____
<input type="checkbox"/> Personal data concerns private information that is prejudicial to data subjects. Details: _____
<input type="checkbox"/> Processing is unlawful. Details: _____
<input type="checkbox"/> SCCP or its personal information processor violated the rights of the 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 <b>Securities Clearing Corporation of the Philippines</b> to verify/validate the contents stated herein.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
Date

V. AUTHORIZED REPRESENTATIVE
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FULL NAME	
ADDRESS	
EMAIL ADDRESS:	MOBILE NO.

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 **Securities Clearing Corporation of the Philippines** to verify/validate the contents stated herein.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
Date

FOR INTERNAL USE ONLY	
RECEIVED BY:	REMARKS:
DATE RECEIVED:	

**Instructions:** Kindly submit this form to Securities Clearing Corporation of the Philippines ("SCCP") at 6<sup>th</sup> Floor, PSE Tower, 5<sup>th</sup> Ave. cor. 28<sup>th</sup> St., Bonifacio Global City, Taguig or email it to the Data Protection Officer ("DPO") at [sccpdataprivacy@sccp.com.ph](mailto:sccpdataprivacy@sccp.com.ph). Please present your government issued ID or any valid ID for verification. **Privacy Notice:** SCCP will collect, record, store, use, disclose, and process your personal information for the purpose of your request and for purposes relevant thereto. SCCP will retain your personal information as long as necessary and we will safely destroy it after the applicable retention period. You have rights under the Data Privacy Act such as rights to be informed, access, correct, object, withdraw, erasure, data portability, file complaint, and damages. You should be aware that there are risks in the processing of your personal information and for safeguards to protect it, kindly read our Privacy Policy at [www.sccp.com.ph](http://www.sccp.com.ph) or contact the DPO at [sccpdataprivacy@sccp.com.ph](mailto:sccpdataprivacy@sccp.com.ph) for any concern or for the exercise of your right.