

## PERSONAL DATA CORRECTION REQUEST FORM



This Data Correction Request is made to Bank Muamalat Malaysia Berhad

### IMPORTANT NOTE:

1. Please complete the Data Correction Request Form and ensure that your personal data provided herein is genuine and accurate.
2. Your request may not be processed if the information / document provided is incomplete.
3. Third Party Requestor is to be present at the branch / office to submit this form and for verification of information and documents required.
4. The supporting document(s) required in this form must be provided. We will respond within 21 days of receipt of the completed form with accompanying documents.
5. If you have any queries / need any guidance in filling-up this form, you may contact our Customer Service Department at the contact details below:

**Head, Customer Service Department, Bank Muamalat Malaysia Berhad**

**Address : 19th Floor, Menara Bumiputra, Jalan Melaka, 50100 Kuala Lumpur**

**Telephone : 1-300-88-8787 (Local), +603-26005500 (International)**

**E-mail : feedback@muamalat.com.my**

### PART A : ABOUT YOURSELF

☐ I am a customer / former customer and I would like to correct my personal data

☐ I am a Third Party Requestor [i.e. I am making this personal data correction request for another person.]

### PART B : PARTICULARS OF THE DATA SUBJECT (ACCOUNT HOLDER)

Full name (as per NRIC):.....

NRIC/Passport Number:..... (Copy to be attached)

Address:.....

Postcode:.....

Telephone No:- Office/Home:.....

Mobile:.....

E-mail:.....

### PART C : PARTICULARS OF THIRD PARTY REQUESTOR

[ to be filled if request is made by a person other than Data Subject (account holder) ]

Full name (as per NRIC):.....

NRIC/Passport Number:..... (Copy to be attached)

Address:.....

Postcode:.....

Telephone No:- Office/Home:.....

Mobile:.....

E-mail:.....

I am making this request for the correction of personal data of Data Subject (account holder) because Data Subject (account holder) :

☐ is a minor and I am the parent / legal guardian / parental responsibility over the Data Subject (account holder)

☐ is incapable of managing his/her affairs and I have been appointed by Court to manage his / her affairs

☐ had passed away and I have been appointed as administrator of Data Subject's (account holder) estate

☐ authorised me in writing to make this data correction request

☐ other reason: (please specify):.....

In proof of my capacity, I enclose the following:

☐ copy of my NRIC / MyKid / Birth certificate for minor account, Passport (original to be produced for inspection); and

☐ original of Court Order / Power of Attorney

☐ original of authorisation letter from Data Subject (account holder)

☐ other reason (please specify):.....

**PART D : PERSONAL DATA CORRECTION**

Please tick [V] the appropriate box:

☐ Please update ALL of the Data Subject's (account holder) account(s) maintained with your branch.

☐ Please update ONLY the Data Subject's (account holder) account(s) maintained with your branch as stated below:

ACCOUNT TYPE	ACCOUNT NO.

Please update the following information with effect from : \_\_/\_\_/\_\_(DD/MM/YYYY)

PERSONAL DATA TYPE	PLEASE PROVIDE THE PERSONAL DATA TO BE CORRECTED	Please Tick (v) the Appropriate Column		
		A	D	R
Name of Data Subject (account holder)				
Old IC No.				
New IC No.				
Passport No.				
Residential/Mailing Address*				
Postcode				
Account Number				
Telephone No. (House)				
Telephone No. (Office)				
Mobile Phone Number				
Nationality				
Occupation				
Name of Employer				
Others (Please specify)				

**Note :** A; Add D; delete ; R: Revise**PART E : DECLARATION**

(by Data Subject (account holder) / Third Party Requestor)

I, \_\_\_\_\_ (NRIC / Passport No: \_\_\_\_\_) hereby certify that the information given in this form and all documents enclosed are true and accurate. I understand that it will be necessary for the Bank to verify my identity, and the Bank may contact me for more detailed information in order to locate the personal data requested.

.....  
 (Signature of Data Subject (account holder) / Third Party Requestor)

Date:.....

**FOR BMMB OFFICE USE ONLY****PART F : ACKNOWLEDGMENT RECEIPT**

Received by: .....  
 (signature of staff receiving the correction request)

Date Received:.....

Name: .....

Designation: .....

Official Rubber Stamp: .....

**PART G: VERIFICATION**

Verified by: .....  
 (signature of staff verifying the correction request)

Date : .....

Name: .....

Designation: .....

Official Rubber Stamp: .....