

RECTIFICATION REQUEST FORM

Template # AEV-ECT-FM-004 Version No. 1

After filling up this form, kindly send to:

AEV Data Protection Officer

Address: NAC Tower, 32nd Street, Bonifacio Global City, Taguig City 1634

Email: aevdpo@aboitiz.com

Email Subject Format: (NAME OF RIGHT) - NAME OF DATA SUBJECT/REQUESTOR

example: RIGHT TO ACCESS - JUAN DELA CRUZ

DATA SUBJECT INFORMATION

The information collected in this form will be used for the sole purpose of complying to the request of the data subject or his/her authorized representative. Aboitiz Equity Ventures, Inc. may require additional information as may be necessary to confirm the identity of the requesting individual or his/her authorized representative, taking into consideration the principle of proportionality. Any information collected shall be disposed of after 12 years.

INSTRUCTIONS: Fill in all details completely. Write N/A if not applicable.

FULL NAME ADDRESS EMAIL ADDRESS MOBILE NUMBER

II. DETAILS OF REQUEST	
INACCURATE/ERRONEOUS INFORMATION (Please provide sufficient details. Use a separate sheet if necessary.)	CORRECT INFORMATION (Please provide documentation, where necessary and appropriate)
1.	1.
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I declare that this form is accomplished by the undersigned and is a true, correct, and comple	te
statement of the information contained herein. I also authorize Aboitiz Equity Ventures, Inc.	to
verify/validate the contents stated herein.	

statement of the info verify/validate the co		I herein. I also authorize Aboitiz Equity Ventures, Inc. to in.		
_	SIGNA	TURE OVER PRINTED NAME		
IV. AUTHORIZED REPRESENTATIVES				
FULL NAME				
ADDRESS				
EMAIL ADDRESS				
MOBILE NUMBER				
data subject. It is a	a true, correct, and If of the authority to rify/validate the con			
SIGNATURE OVER PRINTED NAME				
FOR INTERNAL USE ONLY				
RECEIVED BY:		REMARKS:		
DATE RECEIVED:				
TRANSACTION NO.:	: RR-2021-00			