



## ACCESS REQUEST FORM

Pursuant to the Data Privacy Act of 2012, its Implementing Rules and Regulations, NPC Advisory No. 2021-01, and NPC Circular No. 2024-02, you – as the **Data Subject** or an **Authorized Representative** – have the right to access and obtain a copy of the personal data that Bloomberry Resorts and Hotels. (BRHI) and/or Sureste Properties, Inc. (SPI) (collectively, the “Company”) may hold about you.

This form serves to:

- a. Verify your identity, or the authority of the individual making the request on your behalf; and
- b. Help us locate and retrieve the personal data being requested.

Personal data requests will be processed within thirty (30) calendar days upon receipt of a fully accomplished form and any supporting documents.

For CCTV footage requests, the following period should be observed:

- a. If the request is for viewing only, the Company will respond within five (5) working days from receipt.
- b. If the request is for a copy of the footage, the response period is fifteen (15) working days from receipt.
- c. In cases where the request is complex or involves multiple footages, the response period may be extended by an additional fifteen (15) working days, with written notice to the data subject or the authorized representative.

To protect the confidentiality and security of personal data, the Company may require you to submit sufficient supporting documents to verify your identity or the authority of your representative, and to locate the specific personal data being requested. The processing of your request will only begin once all required documentation has been submitted and verified.

**Please note that submitting the access request form does not automatically grant the data subject or their representative the right to access personal data. All requests will be reviewed and assessed in accordance with applicable rules and regulations.**

<b>Are you the Data Subject?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## I. Data Subject Information and Verification

<b>Full Name:</b>			
<b>Address:</b>			
<b>Email Address:</b>		<b>Contact number (Telephone/Mobile):</b>	
<b>Relationship to the Company:</b>			

To proceed with your request, we must confirm the identity of the Data Subject. Please provide an **original** or **certified true copy** of **one (1)** of the documents listed below. Please tick the appropriate box to indicate which document you have enclosed.

- ☐ Passport
- ☐ Driver's License
- ☐ Unified Multi-Purpose ID (UMID) Card – SSS or GSIS
- ☐ Voter's ID
- ☐ PhilHealth ID
- ☐ Professional Regulation Commission (PRC) ID
- ☐ Senior Citizen's ID
- ☐ National Bureau of Investigation (NBI) Clearance
- ☐ Tax Identification Number (TIN) ID
- ☐ Integrated Bar of the Philippines (IBP) Card
- ☐ Others: \_\_\_\_\_

If the name on the identification document differs from the name indicated in this request, please include a **copy** of supporting documentation to confirm the change of name (e.g., marriage certificate, deed of change of name or statutory declaration).

## II. Authorized Representative Information and Verification

If **authorized**, please provide the following information:

<b>Full Name:</b>			
<b>Address:</b>			
<b>Email Address:</b>		<b>Contact number (Telephone/Mobile):</b>	



<b>Relationship to the Company:</b>	
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If you are submitting this request on behalf of the Data Subject, you must also provide proof of your identity. Please provide an **original** or **certified true copy** of **one (1)** of the documents listed below. Please tick the appropriate box to indicate which document you have enclosed.

- ☐ Passport
- ☐ Driver's License
- ☐ Unified Multi-Purpose ID (UMID) Card – SSS or GSIS
- ☐ Voter's ID
- ☐ PhilHealth ID
- ☐ Professional Regulation Commission (PRC) ID
- ☐ Senior Citizen's ID
- ☐ National Bureau of Investigation (NBI) Clearance
- ☐ Tax Identification Number (TIN) ID
- ☐ Integrated Bar of the Philippines (IBP) Card
- ☐ Others: \_\_\_\_\_

If the name on the identification document differs from the name indicated in this request, please include a **copy** of supporting documentation to confirm the change of name (e.g., marriage certificate, deed of change of name or statutory declaration).

### III. Confirming Authorized Requestor's or Data Subject's Mailing Address

If you choose to have your personal data sent by mail to your address or to that of your authorized representative, you are required to verify the recipient's address by providing a **certified true copy** of one (1) of the supporting documents listed below. Please tick the appropriate box to indicate which document you have enclosed.

- ☐ Gas, electricity, water or telephone bill in the Authorized Representative's/Data Subject's name for the last quarter
- ☐ Council tax demand in the Authorized Representative's/Data Subject's name for the current financial year
- ☐ Bank or credit card statement in the Authorized Representative's/Data Subject's name for the last quarter



#### IV. Requested Personal Data

Our search for information relating to the Data Subject will be based on the information provided below. The Company processes personal data for the following purposes. Please tick the box(es) next to the purpose(s) that you would like us to search.

- ☐ Accounts and records (for example purchases, sales or other transactions)
- ☐ Advertising, marketing and promoting public relations
- ☐ Complaints handling
- ☐ Information and database administration
- ☐ Licensing and registration
- ☐ Research
- ☐ Staff administration
- ☐ HR and employment records
- ☐ Admission and enrollment
- ☐ Alumni

**Description of personal information:**

*Please specify clearly and in detail the personal data requested (e.g., personal data contained in medical records, credit reports, employment evaluation, and vendor accreditation records). General description of the requested data, such as “all of my personal data”, may render the request being refused by the Company as it may unreasonably locate the personal data to which the request relates to.*

**Any other information which will assist in searching for the personal data of the Data Subject?** *(e.g., case or reference number and the name of the person in the Company you have had dealings with in the past, date of collection, and so on)*



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## V. Request for CCTV Footage

- ☐ View Only
- ☐ Obtain a Copy
- ☐ Both

<b>Date of Incident</b>	
<b>Approximate Time</b>	
<b>Location</b>	
<b>Reason / Purpose of Request</b>	
<b>Description of the Incident</b>	

## VI. Preferred Manner of Compliance

I would like to receive it in the form of \_\_\_\_\_  
(e.g., USB, CD, printed copy, etc.)

- ☐ I would like the reply to be delivered to the mailing address noted in the above.
- ☐ I would like the reply to be delivered through soft copy/scanned copy to my e-mail address.
- ☐ I would like to receive it personally by hand.

## VII. Formal Declaration and Consent.



In the exercise of the right granted to me under the terms of the Data Privacy Act of 2012, I request that you provide me with a copy of the personal data about the Data Subject which you process for the purposes I have indicated overleaf.

I confirm this is all of the personal data to which I am requesting access. I also confirm that I am either the Data Subject, or an authorized to act on their behalf. I am aware that it is an offence to unlawfully obtain such personal data, e.g., by impersonating the Data Subject or its authorized representative.

I certify that the information given in this form is true and accurate. I understand that it is necessary for the Company to confirm my/the Data Subject's identity and it may be necessary to obtain more detailed information in order to confirm my identity and/or locate the correct information.

By signing this form, I likewise explicitly and unambiguously consent to the collection, processing and storage of the personal data provided in this Form for the purpose(s) of providing the access request which I hereby make and that which is stated in the Company's Privacy Policy (accessible at <https://www.solaireresort.com/about#privacy-policy>).

Signed by:

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Signature over Printed Name

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Date (YYYY-MM-DD)

**Checklist:**

Have you:

- |   |                          |
|---|--------------------------|
| 1) Completed the Access Request Form in full?                               | <input type="checkbox"/> |
| 2) Enclosed the relevant form of identity and authority (see section 2)     | <input type="checkbox"/> |
| 3) Enclosed the relevant form of identity and address (see section 3 and 4) | <input type="checkbox"/> |
| 4) Included document/s as proof of correct information?                     | <input type="checkbox"/> |
| 5) Signed and dated the Access Request Form?                                | <input type="checkbox"/> |



**Send the completed form and enclosures to:**

For gaming related data privacy concerns: [DPO1@solaireresort.com](mailto:DPO1@solaireresort.com)

For non-gaming related data privacy concerns: [DPO2@solaireresort.com](mailto:DPO2@solaireresort.com)

*Data Protection Officer*  
Compliance Department  
Solaire Resort Entertainment City  
1 Asean Avenue, Entertainment City  
Tambo, Parañaque City  
1701 Manila, Philippines