



## REQUEST FOR CORRECTION AND ERASURE FORM

The Data Privacy Act of 2012 provides you (“the Data Subject” or “the Authorized Requestor”, if not the Data Subject) with the **right to correct or remove the personal data** we, Bloomberry Resorts and Hotel Inc. (BRHI)/Sureste Properties, Inc. (SPI) (collectively, the “Company”) hold about the Data Subject. This form is used to confirm your identity and to assist us in locating your personal data.

This form can also be used to confirm the identity and authority of someone making the request on behalf of the Data Subject.

Your request will be processed within thirty (30) days upon receipt of this form. We may require reasonably sufficient personal data from you to satisfy the Company as to your identity and to locate the personal data sought.

<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 Data Subject:</b>			

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 Representative's or Data Subject's Mailing Address

If you opt to have your personal data mailed to the Authorized Representative's or Data Subject's address, you must confirm your address by sending us a **certified true copy** of one (1) of the documents listed below. Please tick the appropriate box to indicate which document you have enclosed.

- Electric (e.g. Meralco), water (e.g. Maynilad/Manila Water), or landline/mobile postpaid bill in the Authorized Representative's/Data Subject's name, dated within the last three (3) months
- Bank or credit card statement in the Authorized Representative's/Data Subject's name, dated within the last three (3) months
- BIR Certificate of Compensation Payment/Tax Withheld (BIR Form 2316) for the most recent taxable year
- BIR Annual Income Tax Return (BIR Form 1700/1701) for the most recent taxable year
- Barangay Certificate or Barangay Clearance in the Authorized Representative's/Data Subject's name
- Philhealth, SSS, GSIS, or Pag-IBIG Member Data Record (MDR) or Statement of Account
- NBI Clearance or Police Clearance in the Authorized Representative's/Data Subject's name

### IV. Correcting / Erasing the Personal Data of Data Subject

Details of the information you believe to be inaccurate, and rectification required OR reason why you wish to have the personal data erased:



*You must attach relevant documents as proof of correct information e.g., where a date of birth is incorrect, please provide us with a copy of the official National Statistics Office Birth Certificate. Please note that your right to request rectification/deletion is not absolute and may be declined by the Company in certain cases. You have the right to complain this refusal to the Office of the National Privacy Commission at [complaints@privacy.gov.ph](mailto:complaints@privacy.gov.ph).*

## V. Methods of Notification

- I would like the reply to be delivered to the mailing address provided 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.

## VI. Formal Declaration

In the exercise of the right granted to me under the terms of the Data Protection Act of 2012, I request that you correct or remove 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 am 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:

\_\_\_\_\_

\_\_\_\_\_

Signature over Printed Name

Date (YYYY-MM-DD)

**Checklist:**

Have you:

- 1) Completed the Request for Correction and Erasure Form in full?
- 2) Enclosed the relevant form of identity and authority (see section 2)
- 3) Enclosed the relevant form of identity and address (see section 3 and 4)
- 4) Included document/s as proof of correct information?
- 5) Signed and dated the Request for Correction and Erasure Form?

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

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