Data subject Right Management Form

The Personal Data Protection Act, B.E. 2562 (PDPA) grants you as Data subject to exercise your rights to Humanica Public Company Limited ("**Company**") as Data Controller. The information required by this form is necessary to enable the Company to process your requests. If you would like to exercise your rights, please fill out this form and proceed as required by the Company.

Applicant details

Name-Surname:
Identity/Passport No.:
Address:
Telephone No.:
Email:

Verification of Applicant Identity

□ I am a data subject. I also attached following documents for verification of your identity and address and for your further proceeding.

Please select below your attached documents for verification of your identity and/or address:

 \square Copy of identity card (In case of Thai nationality)

- □ Copy of passport (In case of foreigner)
- 🗖 Others (If any), please specify

□ I am a representative of data subject. Please select below;

□ Attorney in fact
□ The holder of parental responsibility
□ Guardian
□ Curator

Please select below your attached documents for verification of your identity and/or address:

- Copy of identity card / Copy of passport of data subject's representative;
- □ Copy of identity card / Copy of passport of data subject;
- □ Power of attorney;

□ Copy of minor's birth certificate (In case of data subject as minor);

□ Letter of appointment to be a representative of the data subject (The holder of parental responsibility, Guardian, Curator); and

□ Others, please specify _____

Type of Requests:

PLEASE SELECT THE TYPE OF REQUESTS YOU ARE MAKING

□ Right to Withdraw Consent

Right of Access
Right to Data Portability
Right to Objection
Right to Erasure
Right to Restriction of Processing of Personal data
Right to Rectification

PERSONAL DATA INVOLVED

YOUR REQUEST DETAILS

Disclaimer of Data Controller

The Company would like to inform you that the Company may reject your requests in order to comply with relevant laws where following circumstances applies:

- 1. Where you cannot clearly demonstrate that you are data subject or authorized person to submit this request;
- 2. Where your requests are unreasonable, for example, in the event that you do not have right to erasure personal data, or the Company does not have your personal data, etc.;
- 3. Where your requests are excessive, for example, repeated requests or repeated substance of previous requests without reasonable reason;
- 4. Where the collection of Personal data is necessary for the purpose of freedom of expression, or the purpose relating to the preparation of historical documents or the archives for public interest, or for the purpose relating to research or statistics, in which the suitable measures to safeguard the data subject's rights and freedoms are put in place, or for the performance of a task carried out in the public interest by the Company or the exercising of official authority vested in the Company or where it is the collection of sensitive data for compliance with a law to achieve the purposes with respect to preventive medicine, occupational medicine, and public interest in public health pursuant to Section 26(5)(Gor) and (Khor) of PDPA; or

5. Where the collection of personal data is necessary for establishment, compliance or exercise legal claims, or defense of legal claims, or for compliance with a law. Normally, you will not be charged for exercising your requests, however, the Company may charge you with reasonable cost for compliance with your requests if it is clearly appeared that your requests are unreasonable or excessive. In the event that the Company rejects to comply with your requests, you have the rights to file a complaint to the Personal data Protection Committee at e-mail: pdpc@mdes.go.th. Once the Company has already considered your requests, the Company will notify you the result of the Company's consideration and comply with your requests within 30 days after the date of receiving your requests.

Acknowledgement and consent

You have carefully read and understood the matters of this form and confirmed that your information provided to the Company is true and accurate. You understand that the verification of your authority, identity and address is important for Company's further proceeding to your requests. If you provide us incorrect information, you will be prosecuted by law. In addition, The Company may request you provide additional information for such verification in order to consider your rights correctly and completely.

In this regard, you hereby sign as evidence.

Sign.....Applicant (.....) Date.....