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| **CCTV Footage (□ Existence □ Viewing) Request**\*Please read the caution below and fill out the form completely  | Processing Time |
| Up to 10 days |
| Applicant | Name |  | Phone |  |
| Date of Birth |  | Relationship to Data Subject |  |
| Address |  |
| Data Subject | Name |  | Tel No. |  |
| Date of Birth |  |
| Address |  |
| Request Details \* | Requested Time Frame |  |
| Camera Location |  |
| Why you request for footage |  |
| *\* Please provide us with accurate information in detail. This will enable us to facilitate the processing of your request.*I confirm that I am in a position to request this information under the Article 52 of the「 Standard Personal Information Protection Guidelines 」.Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: DD/MM/YY |