



**Personal Information Request**

Please note that you may only request to access / correct / withdraw consent for use and disclosure of your personal information that is held by Sony (“**Sony**” or “**we**”). If you are submitting this request on behalf of another person, must provide proof of such authorization.

We will respond to your request within 30 days after our receipt of this request. Please note that pursuant to the Data Privacy Act of 2012 (the “DPA”), we may refuse to provide access under certain limited circumstances.

Please provide the following information and return the completed form with attachment of a photo/scanned copy of your Government Issues ID by mail or email to:

Email: PI\_Inquiry.PH@ap.sony.com  
Address: 11/F Marajo Tower,  
#312 26th Street West cor. 4th Avenue,  
Bonifacio Global City,  
Taguig Philippines, 1634

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Type of Request** (please check):

- Access to Personal Information    Correction of Personal Information    Withdrawal of Consent

**Request Details** (e.g. type of personal information, the date on which and circumstances under which Sony may have collected such information / the correction to be made / the specific purpose(s) for which consent is to be withdrawn):

**Confirmation**

I confirm that this request relates to my own personal information and warrant that where I am submitting this request on behalf of another person, I am authorized by such person to submit such request and to provide his/her information for such purposes. I will indemnify Sony in respect of any penalties, liabilities, claims, demands, losses and damages as a result of breach of this warranty.

I declare that the information provided in and with this request are true in every respect, and agree that such information may be collected, used and disclosed by Sony and its related corporations and affiliates, and/or third party service providers for the purpose of processing this request and/or in accordance with its data protection policy.

I acknowledge that I am fully aware of the possible consequences of such withdrawal of consent, which may include the inability of Sony to continue to provide services to you.

Signature (*Compulsory*): \_\_\_\_\_

Date: \_\_\_\_\_

In order to process your request, please provide Sony proof of your identity (e.g. scanned/photocopy of your ID) together with the submission of this form. If you are submitting this request on behalf of another person, please provide written authorization and proof of identity of such person in addition to evidence of your identity.

<b>For official use</b>	
Received by:	Date:

Processed by:

Date: