

DATA ACCESS REQUEST FORM

Applicant Details					
Name of Applicant	:				
Membership No.	:		HKID No. :		
Email Address :		Conf	Contact Phone No. :		
The Requested Data	:				
Manner of Compliance (please tick as appropriate)	: \square Send to me by registered mail a copy of the requested data				
	☐ Send to me by email a scanned copy of the requested data				
Payment					
I understand that IFPHP Personal Data (Privacy)	K may charge a fee for the Ordinance.	processing of any of	data access request ι	under Section 28 of the	
Signature	: Date :				
		Unit Price	Required Amount		
Administration Fee		HK\$100	HK\$	***	
Scanning Fee (for obtaining a scanned copy)		HK\$1 per page	HK\$		
Printing Fee (for obtaining a hardcopy)		HK\$1 per page	HK\$		
Registered Postage (for obtaining a hardcopy)		HK\$20	HK\$		
		Total	нк\$		
Payment Method:					
	lo.: ue payable to "IFPHK Ltd.")	Drawn on (Bank): _			
Bank Transfer / Depose Account Information Bank Name : Bank Code : Account Name : Account No. : (Please attach a co		· ·	ng Limited		
For Official Use Only					
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For Official Use Only					
Received Date	Ref. No.	Payment			