

Request Form (Form I) - Where Data Owner Makes Request

1. Your name (in full as per NRIC)

2. Your address

3. Your email address

4. Your contact details (house) (mobile)

5. Your employee / supplier / contractor reference number

6. Please provide us a copy of the following:

- (a) Your National Registration Identity Card / driving license / passport;
- (b) A recent bill (e.g. credit card bill, bank statement or utility bill) or insurance document (e.g. house or car insurance certificate) showing your name and address.

Please provide a description of the personal data you are requesting and any information you have as to the location of the data (e.g. describe any department or parts of the organisation where you have worked, or with whom you communicate or have dealings, as appropriate)

Fee - If you are not a current employee of Duopharma, please send a cheque made payable to Duopharma Biotech Berhad, in the amount of Ringgit Malaysia Ten (RM10-00) only.

Please sign this form, check the information you have provided and ensure you have attached the relevant fee and supporting documents, and send them to:

Chief Legal Officer
Legal and Secretarial Department
Duopharma Biotech Berhad
(formerly known as CCM Duopharma Biotech Berhad)
Suite 18.06, Level 18, Kenanga International,
No. 26, Jalan Sultan Ismail,
50250 Kuala Lumpur,
Malaysia.

Signed: _____

Date: _____

Request Form (Form II) – Where Third Party Makes Request

1. Your name (in full as per NRIC)

2. Your address

3. Your email address

4. Your contact details (house) (mobile)

5. Full name of data subject on whose behalf you are making this request

6. Data subject's employee / supplier / contractor reference number

7. Address of data subject

8. Your authority to make this request (please provide a copy of your legal authority, such as power of attorney, where appropriate). Please tick (✓) if you are the data subject's:
 - Parent
 - Guardian
 - Legal Representative
 - Other (specify) _____

9. Current age of data subject (if under 18)

10. Please provide a copy of the following:

- (a) Your National Registration Identity Card/ driving license / passport;
- (b) A recent bill (e.g. credit card bill, bank statement or utility bill) or insurance document (e.g. house or car insurance certificate) showing your name and address.

Please provide a description of the personal data you are requesting and any information you have as to the location of the data (e.g. describe any department or parts of the organisation where the data subject has worked, or with whom the data subject communicates or has dealings, as appropriate).

Fee - If the data subject is not a current employee of Duopharma, please send a cheque made payable to Duopharma Biotech Berhad in the amount of Ringgit Malaysia Ten (RM10-00) only;

Please sign this form, check the information you have provided and ensure you have attached the relevant fee and supporting documents, and send them to:

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Signed: _____

Date: _____