## 華夏會員個資權利行使申請表(範例)

## **Application Form for Member to Exercise of Personal Data Right**

請填妥現有會員資料於下表,標示星號(\*)的欄位請務必填寫.

Please fill out the currently member information in details and tick the box, fields marked with \* are mandatory required to fill out.

* 會員卡號 Card No.	AB000000	* 行動電話 Mobile Phone no.		0987654321
* 中文姓名	陳筱玲	* 英文姓名		CHEN/HSIAOLING
Chinese Name * 電子信箱	· · · · · · · · · · · · · · · · · · ·	English Name		
Template-chennsiaolingwgamil.com				
E-mail Address  #經網路申請時,若上列之「行動電話」與「電子信箱」與系統留存資料不同時,本人同意由本公司以此資料更新系統紀錄。I, hereby, agree if my wording above is different from the data kept on the system, the company can update the system's records based on the content filled above if not apply online.  申請變更項目及內容(Contents of the application) 以下更改請附上有持照人簽名之有效護照影本;於臨櫃申請變更電子信箱、電話號碼、郵寄地址可以有效的護照影本或附照片俱身分證字號之有效證件影本提交辨理 This request must be accompanied with a copy of your passport with signature. When apply for a change of email address or mailing address and phone at the ticketing counter must provide a valid passport copy or a valid document with photos attached and ID number.  申請變更內容(Items of correction)  □ 更改姓名(Name change)  □ 更改姓名(Name change)  □ 更改生日(Birthday change)  □ 更改身分證/護照號碼(ID/Passport No change)  □ 其他(Other/Please specify)  □ <b>2 2 2 2 2 3 3 3 3 3 3 3 3 3 3</b>				
□ 現場回覆(Reply at our handling counter) □ E-mail 回覆(Reply by email )				
E man 口夜(ne)	ply by email )			
會員簽名	<b></b>	代理人簽名		請簽名
	請簽名	Signature of app	olicant's agent	請簽名
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部門主管 DEPT Manger