

Request Form for the Exercise of Data Subject Rights: Access / Copy / Disclosure of Data Collection

Srithai Superware Public Company Limited

Details of the Requester

Full	Name:	
Address	:	
Contact	Number:	Email:

* The Requestor is the Data Subject

I hereby attach the following documents for the purpose of identity and address verification to enable the Company to accurately and lawfully proceed with the request:

□ Copy of National ID Card or Passport

 \Box Other (if any)

* The Requestor is an Authorized Representative of the Data Subject¹

Data Subject Information

Full Name:	
Address:	
Contact Number:	.Email:

I hereby attach the following documents for the purpose of verifying the authority, identity, and residence of both the requestor and the data subject, in order to enable the Company to accurately and lawfully proceed with the request:

- □ Power of Attorney (required)
- Copies of National ID Cards (of both the authorized representative and the Data Subject)
- \Box Other (if any):

The Company reserves the right to request additional information or documentation if the submitted information do not clearly establish that the requestor is the data subject or has legal authority to act on behalf of the data subject. The Company also reserves the right to reject the request in such cases.

¹Note: The Power of Attorney must meet the following requirements:

1. The content must, at a minimum, authorize the requestor to: submit a request to the data controller for access to or a copy of the data subject's personal data; request disclosure of the



source of the personal data for which no consent was given by the data subject; and undertake any related actions until completion.

- 2. It must be clearly signed by the grantor of the authority.
- 3. It must be dated prior to the date of submission of the request.

Personal Data requested for access, copy of, or disclosure of the source of collection

Item No.	Personal Data	Requested Action (Access/Copy /Disclosure of Source of Collection)
1.		
2.		
3.		

Reason for the Request

Please provide the reason(s) for requesting access to, a copy of, or disclosure of the source of collection of your personal data. Kindly attach any relevant documents, information, or supporting evidence to facilitate consideration and processing of your request in accordance with your legal rights.

□ The data subject requests access to personal data for the purpose of:

 \Box The data subject requests a copy of personal data for the purpose of:

.....

 \Box The data subject requests disclosure of the source of collection of personal data obtained without the data subject's consent for the purpose of:

Reservation of Rights by the Data Controller

The Company hereby informs you that your request may be denied under the applicable laws in any of the following circumstances:

1. You fail to clearly demonstrate that the requester is the data subject or has the legal authority to make the request.



- 2. The request is unreasonable, such as when the requester does not have the right to access, obtain a copy of, or request disclosure of the source of the personal data, or when the Company does not possess the personal data in question.
- 3. The request is manifestly excessive, including repeated or duplicative requests made without a valid reason.
- 4. The Company is unable to fulfil the request due to legal obligations, court orders, or if compliance with the request would adversely affect the rights and freedoms of others—for example, if fulfilling the request would involve disclosing third-party personal data, intellectual property, or trade secrets.

In general, no fee will be charged for processing your request. However, if it is determined that the request is clearly unfounded or excessive, the Company reserves the right to charge a reasonable fee to cover administrative costs.

Upon receipt of your request, the Company will notify you of the outcome and proceed with any relevant actions within 30 days.

Acknowledgment and Certification

I have thoroughly read and understood the contents of this request form and hereby certify that all information provided to the Company is true and accurate. I understand that verification of authority, identity, and residency is essential for the Company to properly consider and process this request in accordance with my legal rights. I further acknowledge that providing false or misleading information with fraudulent intent may be subject to legal consequences. The Company reserves the right to request additional information for verification purposes to ensure that the request is lawfully and properly fulfilled.

In witness whereof, I have signed this form as evidence.

SignedRequester
()
Date:

For Official Use Only

For Personal Data Protection Officer Use
Date of Request Received:
Date Recorded in System:
Assessment Outcome
Date of Response:
Accepted / Rejected and Reason:
Processing Fee (if any):
Date of Action Taken: