**Exercising of GDPR Rights**

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| **Notes:**   1. Please send this completed form: 2. by email to [dpo@sma.org.sg](mailto:dpo@sma.org.sg) with the subject “**Exercising of GDPR Rights**” or 3. by post to **The Data Protection Officer** Singapore Medical Association 2 College Road Level 2, Alumni Medical Centre Singapore 169850 |  |

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| **Exercising of GDPR Rights**   * I wish to object processing of my personal data under possession of SMA.\* * I wish to object processing of my personal data under possession of SMA for work done for Medical Protection Society (MPS) UK.\* * I wish to restrict processing of my personal data: \* Please provide more details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * I wish to request portability of my personal data under possession of SMA.\* * I wish to request portability of my personal data under possession of SMA for work done for MPS UK.\*   I understand that SMA’s ability in providing certain services will be affected. I understand that notwithstanding my objection/restriction to processing of my personal data as above, I will still be able to receive from SMA information, reminders or notices pertaining to my membership account and/or other information that are necessary for SMA to communicate with me with regards to the servicing of the account. |

\*Your SMA account information is mutually exclusive from Medical Protection Society (MPS) UK account information.

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