## **Request Form for Personal Information**

Personal data Protection Act B.E. 2562 has set out the right of the data subject as follows:

- (1) Right to withdraw consent
- (2) Right to access
- (3) Right to data portability
- (4) Right to object
- (5) Right to erasure
- (6) Right to restriction of processing
- (7) Right to rectification

The data subject who would like to manage their own data can submit the form through e-mail (pdpa@smpcplc.com) or by post to Sahamitr Pressure Container Public Company Limited (No. 92, Soi Thientalay 7 (4th Intersection), Bangkhunthien-Chaitalay Rd., Samaedam Sub-district, Bangkhunthien District, Bangkok)

In this regard, when the Company has receive the form and the relevant evidence and examined the document, the Company will inform relevant parties who are under the Company's control immediately and will proceed as requested within 30 days from the date of that the request and supplementary document is completely received, except when your request violates the privacy policy or disagree with the law.

If you want the Company to suspend the processing, revoke, object or delete your information, please be aware that there will be some services that the Company cannot provide you without personal data.

## Sahamitr Pressure Container Public Company Limited

Form of the request related to personal data

Part 1: For the data subject (Please fill in the form completely)		
Name - Surname :		
Address :		
E-mail : Telephone number :		
I would like to manage the following personal data		
☐ Right to withdraw consent	☐ Right to erasure	
☐ Right to access	Right to restriction of proces	ssing
☐ Right to data portability	☐ Right to rectification	
☐ Right to object		
<u>Details</u>		
Supplementary document of the request :		
Certified true copy of the ID card (in case of Thai nationality) or the passport (in case of foreigner)		
Other (specify)		
I would like to certify that the information above and the supplementary documents for the submission are correct		
and true. If they are later found to be the incorrect content or document, I accept to be responsible for all		
damages occur.		
· ·		
	Signature	Data subject
	(	)
	Date /	
Part 2 : for the Officer		
Name - Surname :	Department :	
Telephone number :		
Submit the request to :		
		<b>-</b> '