

AMENDMENT COVER LETTER

Compliance and Monitoring Division  
National Privacy Commission  
5F Delegation Building,  
PICC, Pasay City, Metro Manila

*Re: Amendment to the DPO Registration Form/s*

I/We submitted my/our original DPO Registration Form/s on \_\_\_\_\_ .  
However, I/we would like to amend my/our registration to formally reflect some changes.

In this regard, I/we would like to request your approval to amend the following information:

Depending on the type of your registration and the information to be amended, please check the appropriate box:	
ORGANIZATION	INDIVIDUAL
<b>PERSONAL INFORMATION CONTROLLER/PROCESSOR</b> <input type="checkbox"/> Name of the Organization <input type="checkbox"/> Company Address <input type="checkbox"/> Email Address of Organization <input type="checkbox"/> Contact No. of Organization	<input type="checkbox"/> Name <input type="checkbox"/> Business Address <input type="checkbox"/> Email Address <input type="checkbox"/> Mobile Number
<b>HEAD OF THE ORGANIZATION</b> <input type="checkbox"/> Name of Head of Organization <input type="checkbox"/> Email Address <input type="checkbox"/> Contact No. of Head of Organization	
<b>DATA PROTECTION OFFICER</b> <input type="checkbox"/> Name of DPO <input type="checkbox"/> Email Address of DPO <input type="checkbox"/> Tel. No. of DPO <input type="checkbox"/> Mobile No. of DPO	

Attached herewith is the notarized DPO Form reflecting the amendments and the supporting documents as required.

I/We hope that you would act favorably on my/our request.

Very truly yours,

\_\_\_\_\_  
Signature over printed name  
(Data Protection Officer/Head of the Agency)