

Data Subject Rights Request

1. Explanation

For personal data collected, used, or disclosed by Bangkok Chain Hospital Public Company Limited and its affiliated companies listed in Section 3.1 of this document (the “Group”), the data subject may exercise their rights under the Personal Data Protection Act B.E. 2562 (including amendments) (“PDPA”) by submitting this request form along with the supporting documents specified herein. The request may be submitted to the Data Protection Officer (DPO) in person, via email, or by post at the following contact details:

Data Protection Officer

To: Data Protection Officer

Address: 44 Moo 4, Pak Kret Subdistrict, Pak Kret District, Nonthaburi 11120, Thailand

Telephone: 02-836-9999

Email: dpo@bangkokchainhospital.com

2. Details of the Data Subject and Representative

2.1 Please provide the following information (for the Group’s purposes in contacting you regarding the rights request and for locating the relevant personal data as per Section 3.1):

“Data Subject’s Information”	
Full name	
Address:	
Date of Birth:	
Tel.No:	Email Address:
Means of Receiving Personal Data (in case you exercise your right to access your data):	<input type="checkbox"/> Electronically via secure email <input type="checkbox"/> In person (identity verification is required when collecting the data)
Data Subject Identification Documents	
<p>The Group must verify your identity before it can consider and respond to your request. If you submit this request in person, the Group may require you to present government-issued identification documents, such as a national ID card, passport, or valid driver’s license, at the time of submission. The Group may also request certified true copies of these documents, with any sensitive information (e.g., religion or blood type) redacted, to be provided along with the request.</p> <p>If you submit this request via email or post, you must attach a digital copy of a government-issued identification</p>	

document (still valid) along with a certified true copy, with any sensitive information (e.g., religion or blood type) redacted, together with your request.	
Representative Submitting the Request (only applicable if acting on behalf of the data subject)	
If you are submitting this request on behalf of the data subject, please provide the following additional details:	
Full name:	
Tel.No. Or Email address :	
Your relationship with the data subject:	
Supporting documents:	<p>For the purpose of verifying your identity, the data subject's identity, and your legal authority to act on behalf of the data subject, you must provide the following to the Group:</p> <ol style="list-style-type: none"> 1. Certified true copies of your national ID card and the data subject's ID card (any sensitive information on the ID, such as religion or blood type, must be redacted) certified by the cardholder. 2. A power of attorney authorizing you to act on behalf of the data subject, or other evidence of your authority as a guardian, custodian, or legal representative (if the data subject is a minor, incompetent, or quasi-incompetent person), with all required stamp duties duly affixed.

2.2 If you have changed your title, first name, or last name, please provide the relevant supporting documents as evidence of such changes.

2.3 The Group will use the information you provide in this request to verify your identity and the personal data you are requesting to exercise your rights over. The Group may request additional information from you to confirm your identity and your legal authority.

3. Exercise of Data Subject Rights

3.1 Please provide details of your rights request in the section below.

<p>Name of the Group</p> <p>Company for which you are submitting the rights request:</p>	<ul style="list-style-type: none"> ● Bangkok Chain Hospital Public Company Limited ● Rattana Thibet Hospital Co., Ltd. ● Sriburind Medical Co., Ltd. ● Saraburi Medical Services Co., Ltd. ● Kasemrad-Aree Radiation Oncology Center Co., Ltd. 	<ul style="list-style-type: none"> ● Navanakorn Medical Co., Ltd. ● Sothon Medical Services Co., Ltd. ● Bangkok Chain Management Co., Ltd. ● Bangkok Chain International (Lao) Co., Ltd. ● Health Chain Innotech Co., Ltd. ● Bangkok Chain Dental Co., Ltd.
<p>Your relationship with the above companies:</p>	<ul style="list-style-type: none"> ● Service recipient ● Relative ● shareholder or investor ● director, executive ● job applicant ● personnel 	<ul style="list-style-type: none"> ● business partner ● website or application user ● other (please specify): _____
<p>Which type of right would you like to exercise?</p> <p>(You may refer to the Group's Privacy Policy for details of each right.)</p>	<ul style="list-style-type: none"> ● Right to access and obtain copies of personal data, including the right to request disclosure of personal data that you believe was collected without your consent. ● Right to receive personal data, including the right to request the transfer of personal data to an external party or to receive personal data that the Group has transferred to an external party. ● Right to object to the collection, use, or disclosure of personal data. ● Right to request deletion, destruction, or anonymization of personal data. ● Right to request suspension of the use of personal data. ● Right to request correction to ensure the data is accurate, current, complete, and not misleading. ● Right to withdraw consent. 	
<p>Which personal data do you wish to exercise the above rights on?</p> <p>(Please provide as much detail as possible regarding the</p>		

personal data you wish to request, including time frame, type of transaction, type of document, or any other relevant information, if available.)	
Please specify the reason and necessity for exercising your rights.	
Which personal data and/or purposes do you wish to withdraw your consent for? (Please answer only if you are exercising the right to withdraw consent.)	<ul style="list-style-type: none"> ● All personal data for which consent has been given ● Only the following personal data (please specify)..... ● All purposes based on consent for collection, use, and disclosure ● Only the following purposes (please specify)

3.2 The Group may contact you to request additional information if your request is unclear or if you have not provided sufficient information for the Group to consider and respond to your request.

3.3 In the case where the Group needs to send or transfer personal data to the data subject under this rights request, and the address or email provided in Section 1 does not match the information the Group has on record, the Group reserves the right not to proceed until it is reasonably satisfied that the address or email belongs to the data subject.

3.4 For the benefit of the data subject and to ensure the security and protection of personal data, the Group may refuse your rights request in the following cases:

- (a) The requester cannot provide evidence confirming they are the data subject, lacks authority to submit the request, or the Group has not received sufficient information to process the request. This is to strictly protect the data subject's personal data.
- (b) The request is unreasonable, such as when the requester has no legal right or the personal data does not exist with the Group.
- (c) The request is manifestly excessive, for example, being repetitive or duplicative without reasonable cause.
- (d) The Group has the right to refuse your request as permitted under the Personal Data Protection Act (PDPA) and/or other applicable laws.

4. Declaration and Acknowledgment

You have read and fully understood the contents of this request form and confirm that all information provided to the Group is true and accurate. You acknowledge that the Group's verification process is conducted to confirm your identity and protect your personal data, and that the Group's verification of your authority is necessary to process your request in compliance with applicable personal data protection laws. The Group may request additional information from you to ensure that your request is properly and completely processed.

You hereby sign this form as evidence of your acknowledgment and consent.

Signature: _____ Requester

Name: _____

Date: _____