

4. Nature of Request

Data Enquiry Request

The Institution will inform the Data Subject (or where appropriate, the Relevant Person) whether it holds or does not hold the Requested Data.

Copy Data Request

The Institution will inform the Data Subject (or where appropriate, the Relevant Person) whether it holds or does not hold the Requested Data.

The Institution will provide a copy of the Requested Data to the Data Subject (or where appropriate, the Relevant Person). If only [Copy Data Request] is ticked, the request will be deemed to be both [DAR] and [Copy Data Request]. The fee applicable for a Copy Data Request is listed in the "Note of Application – DAR".

5. Particulars of Relevant Person (To be completed if a Relevant Person applies for Access on behalf of the Data Subject Referred to in Section 2)

Please produce in person the original or provide a true copy of the HKID Card/ Passport of the Relevant Person when submitting this DAR.

Name (English): _____ (Chinese): _____

Sex: Male Female HKID Card No: _____ Or Passport No.: _____

Daytime Telephone No.: _____ Other Contact No.: _____

Address: _____

Relationship between the Relevant Person and the Data Subject, which can be (tick as appropriate):

EITHER (a) The Relevant Person has parental responsibility for the Data Subject who is under age 18

OR (b) The Relevant Person has been duly authorised by the Data Subject to submit this DAR and to collect the Requested Data on behalf of the Data Subject;

OR (c) The Data Subject is incapable of managing his own affairs and the Relevant Person has been appointed by a court to manage the affairs of the Data Subject;

OR (d) The Data Subject is mentally incapacitated within the meaning of the Mental Health Ordinance and the Relevant Person is:

appointed as a guardian of the Data Subject by a court, magistrate or the Guardianship Board under section 44A, 59O or 59Q of the Mental Health Ordinance;

the Director of Social Welfare who, pursuant to section 44B(2A) or 59T(1) of the Mental Health Ordinance, is vested the guardianship of the Data Subject;

the Director of Social Welfare or a person approved by the Guardianship Board who, pursuant to section 44B(2B) or 59T(2) of the Mental Health Ordinance is authorised to perform the functions of a guardian for the Data Subject.

If the box in 5(d) is ticked, state the date when the Relevant Person was appointed a guardian/was vested the guardianship / was authorised to perform the functions of a guardian: _____

Is the appointment / vesting / authority to perform under 5(d) still subsisting? YES NO

Please also provide a true copy of the documentary evidence to support the relationship between the Relevant Person and the Data Subject. Please refer to Point 4 of "Note of Application – Data Access Request".

6. Declaration and Signature

WHERE applicable, the Data Subject has irrevocably authorised the Relevant Person to deal with this DAR and to collect the Requested Data on behalf of the Data Subject. The Data Subject and (where appropriate) the Relevant Person understand and agree that all applicable fees listed in the "Note of Application – DAR" have to be paid prior to collection of the Requested Data.

The Data Subject and (where appropriate) the Relevant Person declare that the information given in this DAR Form is accurate.

Signature of Data Subject: _____ Date: _____

If application by Relevant Person

Signature of Relevant Person (where applicable): _____ Date: _____