



Belonging Network
PERSONAL INFORMATION CORRECTION FORM

This form must be completed in full and mailed to:

Privacy Officer

Belonging Network
408-602 West Hastings Street, Vancouver BC V6B 1P2

DATE (dd/mm/yy):

APPLICANT PERSONAL INFORMATION

| | |
|------------|-------------|
| Last name: | First name: |
| Address: | |
| Phone: | e-mail: |

CORRECTION DETAILS

Please describe the correction you are requesting. Be as specific as possible, as this will assist the request process. Specify any reference or file number, if known. Attach a separate page if needed.

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Are you requesting correction of another person's personal information? Yes No

If so, please attach either

- a) that person's signed consent for disclosure, or
- b) a proof of authority to act on that person's behalf

APPLICANT SIGNATURE

| | |
|-----------------------------------|----------------------------|
| FOR Belonging Network ONLY | |
| Request No. | Date received (dd/mm/yyyy) |

PRIVACY STATEMENT

The personal information you provide in this form is collected in compliance with **Belonging Network** Privacy Policy. **Belonging Network** will use it exclusively to correct your personal information. If you have any questions, please our Privacy Officer.