

# Personal Data Request Form

I, Mr. Mrs. Miss Name.....Last Name.....

Contact Address.....

Contact Number.....email.....

My business relationship with Alpha Capital AMC is I am a:

Borrower

Alpha employee

Customer

Service provider to Alpha

Others

Details.....

## Request to

Details.....

## Supporting documents attached herewith (certified true copy)

**Request made in person**      Yes

**made via authorization**      Yes

Copy of ID card     

Grantor copy of ID card     

Grantee copy of ID card     

Power of Attorney     

**I acknowledge and consent to all terms and conditions in Alpha Privacy Notice.**

Applicant.....

( )

Date.....

Remark: Alpha reserves the right to approve requests in accordance with company policy, terms and conditions under the PDPA B.E. 2562 where approval period will be 30 days from receipt date or 7 days for consent withdraw for marketing purpose.