



个人资料保护法

同意书(捐款)

亲爱的捐款者:

为了处理、执行和/或者维持您与中华医院(“医院”)的关系,医院将会需要收集、使用、披露和/或处理您的个人资料。中华医院尊重您的隐私也将确保您的个人资料处理和保存符合个人资料保护法的要求。

1. 捐款、活动用途

中华医院可能会收集、使用、披露和/或处理您的个人资料,以供捐款用途,中华医院可能将捐款表格、信件、活动信息等资料传至(a) 您的电话; (b)您的传真。

2. 咨询

如果您对中华医院的个人资料收集、使用和披露或者这张表格所述有任何疑问, [您可以发电邮到 chunghwa@singaporetcm.com](mailto:chunghwa@singaporetcm.com) 以联络医院的资料保护专员。

3. 申明

我在此同意中华医院(直接或经过第三方服务供应商)联络或传送条文 1 所述的捐款、活动用途资料给我, 通过

电话、简讯(不同意请打勾 ✓)

传真(不同意请打勾 ✓)

我已经阅读, 明白, 并同意以上所列条文。

姓名:

身份证/工作准证/护照号码:

签名:

日期:

由中华医院职员完成:

职员姓名:

总院/分院:

日期:



Personal Data Protection Act Consent Form (Donation)

Dear Donors,

In compliance with the Personal Data Protection Act (“PDPA”), Singapore Chung Hwa Medical Institution (SCHMI) seeks your consent to collect and use your personal data in order to maintain our registry. SCHMI respects your privacy and assures that your personal data will be kept securely according to PDPA.

1. Donations Purposes

SCHMI may collect, handle and use your personal data for the purposes of issuing donation receipts/ forms, mailing of letters and sending other related information on donation activities to your (a) Phone; (b) Fax etc.

2. Enquiry

If you have any enquiries about how SCHMI collect, disclose and use your personal data or the PDPA consent form, please email to chunghwa@singaporetcm.com to clarify with our Data Protection Officer.

3. Declaration

I hereby give my acknowledgement and consent to SCHMI (directly or via a third party) to disseminate information mentioned in the first clause (“1. Donation Purposes”) to me, via

Phone, SMS (Tick ✓ if you **do not agree**)

Fax (Tick ✓ if you **do not agree**)

I have read, understood and agreed with the above-mentioned clauses.

Name :

NRIC/Work Permit No./Passport No. :

Signature :

Date :

To be completed by Singapore Chung Hwa Medical Institution staff:

Staff Name :

Branch :

Date :