Gathercare

Amendment of Incorrect Personal Data Application Form

A. Applicant Information

Full Name: _____

NRIC: _____

Contact Number: _____

E-mail Address: _____

B. Details of Incorrect Information

Applicant Name	Carer Name	Carer NRIC	Incorrect Information	Current Incorrect Detail	Corrected Detail
Example: Adam Hafiz bin Amir	-	-	Phone Number	010-1111122	011-2221111

Reason for Amendment: _____

(Please provide a brief explanation for the amendment)

Note:

1. Amendments may take up to 14 days to process upon approval.

2. Attach any necessary supporting documents if required.

3. Ensure the form is complete and accurate before submission to prevent delays.

I confirm and declare that the information provided in this amendment form is accurate, and I agree to proceed with any further amendments that may be necessary based on this request. I understand that any false, fraudulent, or dishonest statements may result in the rejection of my amendment request.

_____

Full Name:

NRIC:

Date:

* For Office Use Only

Received by: _____

Date: | D | D | / | M | M | / | Y | Y | Y | Y |

Reviewed by: _____

Date: | D | D | / | M | M | / | Y | Y | Y | Y |

Application Approval: ☐ Approve   ☐ Decline

Approved by:

_____

Name:

Date: