

## CORRECTION REQUEST FORM (CANADA)

Privacy Officer  
4770 Sheppard Ave E  
Toronto, ON M1S 3V6  
Tel: 416-759-4111  
*privacy@pharmamedica.com*

Forward this completed form to the address above. You may be requested to provide a copy of a government issued, signed form of identification.

Your Information:

Mr.       Mrs.       Ms.       Miss      ID CODE: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Evening \_\_\_\_\_

A telephone message can be left

**Provide a detailed description of the information you are requesting be corrected, as well as the reasons the information is inaccurate or incomplete. You must provide and attach supporting documentation, if applicable.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

For <b>PMRI</b> Use Only:		
Request Received:	Date:	
Response:	Date:	
Request Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Signature:
Comments:		

The personal information on this form is collected pursuant to the *Personal Information Protection and Electronic Documents Act*. The information will be used for the purpose of administering your request. Questions about this collection should be directed to the Privacy Officer at 416-759-4111, 4770 Sheppard Ave E, Toronto, ON M1S 3V6.