

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 PMRI 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.