

Complaint Form

Philip Morris Singapore Pte Ltd ("PMS" or, as appropriate in the context, "we," "us" or "our") respects the privacy and protection of the personal information of individuals and values the relationship we have with you. For this reason, we would like to know if you have a complaint about how we have used or shared your personal information. We take complaints that we receive seriously and will look into and investigate any complaint that we receive.

Please fill in this form to let us know about your complaint concerning our use or sharing of your personal information. We would greatly appreciate it if you provide us with as much detail requested for in this form as possible: without it, we will not be able to effectively investigate your complaint. Having the details also assists us to improve our personal data protection policies and practices.

You may submit this Form to us by email, fax or post, with attention to the Data Protection Officer:

Email: Singapore.DPO@pmi.com

Fax: (65)64130948

Post: The Data Protection Officer, Philip Morris Singapore Pte Ltd

3791 Jalan Bukit Merah, #08-18 E-Centre@Redhill, Singapore 159471

PMS will use reasonable endeavours to respond to your complaints in writing within 30 working days from the date we acknowledge receipt. If we are not able to respond to your complaint within that time, we will contact you and inform you of the time we estimate we still need to respond.

Name:

NRIC number:

Contact number: _____ (HP) _____ (Office)

Mailing address*:

Email address*:

*Please provide at least a mailing address or email address at which we can send you our response on your complaint.

To assist us in responding to your request, please indicate your relationship with PMS:

- ☐ I am a consumer.
- ☐ I am an employee, representative, agent or officer of one of PMS' Vendors / Business Partners / Retailers.
- ☐ I have applied for employment with PMS in the past / I have been employed by PMS in the past.
- ☐ Others: _____

Please describe your complaint on PMS' use of your personal information:

If you are able to identify the relevant personnel or departments within PMS who dealt with you concerning your personal information, please include these details.

Please attach all relevant documentation to this Form.

I confirm that all statements made on this Form are true, accurate and complete to the best of my knowledge and belief. I acknowledge that I may be requested to provide documentation or further details to assist PMS in looking into, investigating and responding to my complaint and agree to provide such documentation or further details as PMS may request.

Signature:

Date: