**REQUEST FORM FOR CONTACT TRACING INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **To** | | **From** | |
| SM Branch |  | Requesting LGU |  |
| SM Branch Address |  | Name of Authorized Representative |  |
|  | Email of Authorized Representative |  |
|  | Position of Authorized Representative |  |
|  | Proof of Authorization  Previously Submitted? | 🞎Yes 🞎No  If no, please attach proof of authorization |

In accordance with existing guidelines issued by the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (“IATF”), the Department of Health and/or such other government instrumentalities or agencies with regard to contact tracing and, pursuant to the authority granted to us by the aforementioned local government unit, we wish to request your assistance in providing information available in your contact tracing system on the individual with the following number:

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile Phone No. |  | Date of Exposure *(MM/DD/YYYY)* |  |
| Designated Email Address of Requesting LGU |  | | |
| List of Information to be disclosed by SM: | * Foot print of the Covid- Positive Customer:   + Declared City location   + Mall/s Visited   + Locations visited within the mall   + Date & Time Stamp * Information of Possible Contacts with the Covid- positive customer:   + Name   + Mobile number   + City location   + Date & Time Stamp of interaction   + Location of interaction | | |
| * Other requirements of the LGU (please indicate below): | | |

By signing below, we hereby acknowledge and agree that any and all information to be shared to us is confidential in nature, is subject to the provisions of the Data Privacy Act and the relevant policies of the SM Group of Companies in relation thereto, and any use thereof for purposes other than contact tracing shall be unlawful. We likewise acknowledge and agree that we shall only keep the information until the purpose for the use thereof has been fulfilled. We shall hold free and harmless, fully indemnify, reimburse and compensate the SM Group of Companies, its representatives, directors and officers for any penalties, fines, damages of whatever nature that they may be held liable for in case of a data breach, failure to secure the information, or unauthorized and/or improper use of such information, whether or not such is not is a violation of the DPA or any applicable laws and regulations and whether or not such was a deliberate act or is caused by negligence. The SM Group of Companies will provide information as collected from the data subjects concerned and does not warrant the accuracy of the information to be provided pursuant to this request.

[Name of Authorized Representative]

[Position of Authorized Representative]

[Date]