



For DAIO Use Only	
Version	v.1.1
Effective Date	
Ref No:	

SCHEDULE A | DATA SHARING REQUEST FORM (Multi User Data Sharing Agreement)

To be completed by Receiving Party	
Name of Government agency or organisation:	
Purpose: Identify the permitted purpose(s) and state the objectives of the personal data requested.	<p>Select whichever is applicable (can be more than one):</p> <p><input type="checkbox"/> Vital interests: The disclosure is necessary to protect someone’s life;</p> <p><input type="checkbox"/> Public task: The disclosure is necessary to perform a task in the public interest and the task has a clear basis in law or in the exercise of an official authority;</p> <p><input type="checkbox"/> Public safety: The disclosure is necessary to perform a task in the interest of public safety;</p> <p><input type="checkbox"/> Public health: The disclosure is necessary to perform a task in the public interest in the area of public health;</p> <p><input type="checkbox"/> Public order: The disclosure is necessary for any investigation or proceedings and to maintain peace and public order within Brunei Darussalam;</p> <p><input type="checkbox"/> Legal obligation: The disclosure is necessary to comply with a legal obligation under any written law;</p> <p><input type="checkbox"/> Research purposes: The disclosure is necessary for research or academic purposes; or</p> <p><input type="checkbox"/> The disclosure is in compliance with a related government issued guideline. If so, please specify: _____</p> <p>State the objectives (and any relevant benefits) of requesting for the personal data.</p> <p>1. 2. 3.</p>
Frequency of data transmission:	<p><input type="checkbox"/> One-off. Start Date: _____ End Date: _____</p> <p><input type="checkbox"/> Continuous/periodic sharing. Details of frequency*: _____</p> <p><i>*Subject to availability of the data and only applicable for digital transmission.</i></p>



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Usage: State the usage of data:	<p>Select whichever is applicable (can be more than one):</p> <p><input type="checkbox"/> Auto Populated: The data shared to be used to auto-fill-in the application form on the government systems; or</p> <p><input type="checkbox"/> Reference: The data shared to be used for the reference, only information relevant to the referral should be shared; or</p> <p><input type="checkbox"/> Report & Statistics: The data shared to be used for report development and statistics purposes;</p> <p><input type="checkbox"/> Others, please specify: _____</p>								
Data specifications: Please provide details of the data requested, including the data elements required in the attached separate list Appendix 1.	<table border="1"> <thead> <tr> <th>No.</th> <th>Data Element</th> <th>Description</th> <th>Format*</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Please refer to Appendix 1 for data specification.</p> <p><i>*Please state either one of the following formats: hardcopy, softcopy (please specify the file format required, e.g. MS Excel, PDF, etc), database integration or others (please specify).</i></p>	No.	Data Element	Description	Format*	1			
No.	Data Element	Description	Format*						
1									
Remarks:									
Date required by:									
Declaration:	<p>I, the undersigned, acknowledge that I have read the Guidelines on Personal Data Sharing and I agree:</p> <ol style="list-style-type: none"> To comply to the <i>Official Secrets Act (Chapter 153)</i> in relation to safeguarding official information; To use the personal data received for the purpose/s stated above and not to disclose the information for any other purpose; To take all appropriate technical and organisational measures to safeguard the personal data disclosed; To retain the information for no longer than necessary for achieving such purposes, after which the information will either be returned to the Disclosing Party and/or be deleted in a secure and confidential manner; and To comply with all relevant laws of Brunei Darussalam, where applicable. 								
Signed on behalf of Receiving Party									
Name of Responsible Officer:									



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Designation of Responsible Officer:				
NRIC:				
Signature of Responsible Officer:				
Date:				
Verified by: Name of head of agency or head of organisation. *				
Designation of verifier:				
NRIC:				
Signature of verifier:				
Date:				
Officers that process / exposed to the data:	Officer 1			
	Name		NRIC	
	Designation			
	Unit / Company Name		Signature & Date	
	Please refer to Appendix 2 for the List of officers.			

* In the event that the head of agency or head of organisation delegates this authority to an authorised officer in writing, a copy of that delegation must be attached to the Data Sharing Request Form.



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APPENDIX 1

DATA SPECIFICATIONS:

No.	Data Element	Description	Format*
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Please state either one of the following formats: hardcopy, softcopy (please specify the file format required, e.g. MS Excel, PDF, etc), database integration or others (please specify).*



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APPENDIX 2

OFFICERS THAT PROCESS / EXPOSED TO THE DATA:

Officer 1			
Name		NRIC	
Designation			
Unit / Company Name		Signature & Date	
Officer 2			
Name		NRIC	
Designation			
Unit / Company Name		Signature & Date	
Officer 3			
Name		NRIC	
Designation			
Unit / Company Name		Signature & Date	
Officer 4			
Name		NRIC	
Designation			
Unit / Company Name		Signature & Date	
Officer 5			
Name		NRIC	
Designation			
Unit / Company Name		Signature & Date	