



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	
<b>Name of Government agency or organisation:</b>	
<b>Purpose:</b> 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"/> <b>Vital interests:</b> The disclosure is necessary to protect someone's life;</p> <p><input type="checkbox"/> <b>Public task:</b> The disclosure is necessary to perform a task in the public interest and the task has a <b>clear</b> basis in law or in the exercise of an official authority;</p> <p><input type="checkbox"/> <b>Public safety:</b> The disclosure is necessary to perform a task in the interest of public safety;</p> <p><input type="checkbox"/> <b>Public health:</b> The disclosure is necessary to perform a task in the public interest in the area of public health;</p> <p><input type="checkbox"/> <b>Public order:</b> The disclosure is necessary for any investigation or proceedings and to maintain peace and public order within Brunei Darussalam;</p> <p><input type="checkbox"/> <b>Legal obligation:</b> The disclosure is necessary to comply with a legal obligation under any written law;</p> <p><input type="checkbox"/> <b>Research purposes:</b> 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>
<b>Frequency of data transmission:</b>	<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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<b>Usage:</b> State the usage of data:	Select whichever is applicable (can be more than one):  <input type="checkbox"/> <b>Auto Populated:</b> The data shared to be used to auto-fill-in the application form on the government systems; or  <input type="checkbox"/> <b>Reference:</b> The data shared to be used for the reference, only information relevant to the referral should be shared; or  <input type="checkbox"/> <b>Report &amp; Statistics:</b> The data shared to be used for report development and statistics purposes;  <input type="checkbox"/> <b>Others,</b> please specify: _____								
<b>Data specifications:</b> Please provide details of the data requested, including the data elements required in the attached separate list Appendix 1.	<table><tr><th>No.</th><th>Data Element</th><th>Description</th><th>Format*</th></tr><tr><td>1</td><td></td><td></td><td></td></tr></table> <p><b>Please refer to Appendix 1 for data specification.</b></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									
<b>Remarks:</b>									
<b>Date required by:</b>									
<b>Declaration:</b> I, the undersigned, acknowledge that I have read the Guidelines on Personal Data Sharing and I agree: 1. To comply to the <i>Official Secrets Act (Chapter 153)</i> in relation to safeguarding official information; 2. To use the personal data received for the purpose/s stated above and not to disclose the information for any other purpose; 3. To take all appropriate technical and organisational measures to safeguard the personal data disclosed; 4. 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 5. To comply with all relevant laws of Brunei Darussalam, where applicable.									
<b>Signed on behalf of Receiving Party</b>									
<b>Name of Responsible Officer:</b>									



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<b>Designation of Responsible Officer:</b>																	
<b>NRIC:</b>																	
<b>Signature of Responsible Officer:</b>																	
<b>Date:</b>																	
<b>Verified by:</b> Name of head of agency or head of organisation. *																	
<b>Designation of verifier:</b>																	
<b>NRIC:</b>																	
<b>Signature of verifier:</b>																	
<b>Date:</b>																	
<b>Officers that process / exposed to the data:</b>	<table><tr><th colspan="4">Officer 1</th></tr><tr><td>Name</td><td></td><td>NRIC</td><td></td></tr><tr><td>Designation</td><td colspan="3"></td></tr><tr><td>Unit / Company Name</td><td></td><td>Signature &amp; Date</td><td></td></tr></table> <p><b>Please refer to Appendix 2 for the List of officers.</b></p>	Officer 1				Name		NRIC		Designation				Unit / Company Name		Signature & Date	
Officer 1																	
Name		NRIC															
Designation																	
Unit / Company Name		Signature & Date															

*\* 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:

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