



For DAIO Use Only	
Version	v.1.7
Effective Date	
Ref No:	EGNC/DSA/2026/x.x (x)

SCHEDULE A | DATA SHARING REQUEST FORM

PART A – To be completed by Receiving Party	
Name of Government agency or organisation:	
Purpose: Identify the permitted purpose(s) and state the objectives of the data requested.	Select whichever is applicable (can be more than one): ☐ Vital interests: The disclosure is necessary to protect someone's life; ☐ 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; ☐ Public safety: The disclosure is necessary to perform a task in the interest of public safety; ☐ Public health: The disclosure is necessary to perform a task in the public interest in the area of public health; ☐ Public order: The disclosure is necessary for any investigation or proceedings and to maintain peace and public order within Brunei Darussalam; ☐ Legal obligation: The disclosure is necessary to comply with a legal obligation under any written law; ☐ Research purposes: The disclosure is necessary for research or academic purposes; or ☐ The disclosure is in compliance with a related government issued guideline. If so, please specify: _____ State the objectives (and any relevant benefits) of requesting for the data. 1. 2. 3. 4. 5.
Frequency of data transmission:	☐ One-off. Start Date: _____ End Date: _____ ☐ Continuous/periodic sharing. Details of frequency*: <i>*Subject to availability of the data and only applicable for digital transmission.</i>
Data specifications:	



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Please provide details of the data requested, including the data elements required in the attached separate list, Appendix 1.	No.	Data Element/ Data Field	Description	Format*
	1	E.g. Name	Name of applicant	Text
	Please refer to Appendix 1 for data specification.			
	<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>			
Integration type	☐ Integration via National Information Hub (NIH) ☐ Others: _____			
Integration method:	☐ Database-to-Database Integration ☐ API Integration ☐ Others: _____ (e.g. Excel, CSV, etc.)			
Remarks:				
Date required by:				
Declaration: I, the undersigned, acknowledge that I have read the Guidelines on Sharing of Personal Data (where applicable) and I agree: 1. To comply to the <i>Official Secrets Act (Chapter 153)</i> in relation to safeguarding official information; 2. To use all the 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 all the 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.				
Signed on behalf of Receiving Party				
Name of Responsible Officer:				
Designation of Responsible Officer:				
NRIC:				
Email Address of Responsible Officer:				
Signature of Responsible Officer:				
Date:				



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Verified by: Name of head of agency or head of organisation.*																	
Designation of verifier:																	
NRIC:																	
Email Address of verifier:																	
Signature of verifier:																	
Date:																	
Officers/vendors that are exposed to the data:	<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 & Date</td><td></td></tr></table> Please refer to Appendix 2 for the List of officers.	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.*



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PART B – To be completed by Disclosing Party	
Name of Government agency or organisation:	
Data requested to be shared with Receiving Party?	☐ Yes ☐ No. Please specify reasons: _____
Signed on behalf of Disclosing Party	
Name of Responsible Officer:	
Designation of Responsible Officer:	
Email Address of Responsible Officer:	
NRIC:	
Signature of Responsible Officer:	
Date:	
Verified by: Name of head of agency or head of organisation.*	
Designation of verifier:	
NRIC:	
Email Address of verifier:	
Signature of verifier:	
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.*



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APPENDIX 1

DATA SPECIFICATIONS:

No.	Data Element	Description	Format*
	<i>E.g. Name</i>	<i>Name of applicant</i>	<i>Text</i>
1			
2			
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20			

**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 ARE EXPOSED TO THE DATA:

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

** Please update the list and submit to E-Government National Centre if there is any additional officer(s) who are exposed to the said data.*