Personal Information Protection Act

Request for amendment of personal information - deceased estates & third-party requests

PURPOSE OF THIS FORM

You should use this form if you are seeking to amend the personal information Treasury holds, as personal information custodian, about a deceased person or a third party.

You will need to tell us which information you believe is incomplete, incorrect, out of date or misleading. If you believe information we hold is out of date, you must set out the information which needs to be brought up to date.

You can request amendments of personal information of another person only with their consent. If you are seeking to amend personal information of a deceased person, you will need to provide evidence of your authority to do so.

PROOF OF IDENTITY AND AUTHORITY

Deceased persons

If you are requesting an amendment of personal information of a deceased person, you will need to include:

- a certified copy of photographic identification of you (such as current passport or drivers licence); and
- a certified copy of either:
  - the death certificate in which you are named as next of kin of the deceased;
  - Letters of Administration naming you as the 'personal representative'; or
  - probate naming you as Executor.

A third party

If you are requesting an amendment of personal information of another person, you will need to include:

- a certified copy of photographic identification of you (such as current passport or drivers licence);
- a certified copy of some form of photographic identification of the person whose information is being requested (such as current passport or driver licence); and
- have the form signed by the person whose information is being requested.

GPO Box 147, Hobart TAS 7001
Phone: 03 6145 5882
Email: pmg@treasury.tas.gov.au Visit: www.treasury.tas.gov.au

RESPONSE

Treasury will respond within 20 business days of receiving your application and tell you whether the personal information was amended or a notation was added.

If Treasury agrees to amend the personal information, the amendment may be made as a notation of the original document. Treasury will not amend the original document in a way that deletes or erases the information which has been amended or destroys the document unless the State Archivist agrees.

COLLECTION NOTICE

Treasury will use the personal information you provide when requesting changes to personal information to identify you as the true applicant and where relevant identify the person for whom you are making the request. We will not disclose your personal information to a third party unless you give your consent, or we are authorised or required to do so by law. If you choose not to provide us with your personal information, we will be unable to process your application. You can find more information about Personal Information Protection at https://www.treasury.tas.gov.au/about-us/corporate-governance/personal-information-protection-policy or by contacting us.

WHERE TO SEND YOUR REQUEST

Please send your form, together with certified copies of proof of identity and authority as set out above to:

Email: pmg@treasury.tas.gov.au

Mail: Department of Treasury and Finance
Project Management & Governance Branch
GPO Box 147
HOBART TAS 7001

Personal Information Protection Act 2004

Request for amendment of personal information (deceased estates & third-party requests)

Your details			
1.	**Title:**		
2.	**Family name**		
	Given names		
3.	Have you been known by any other names? (including name at birth, previous names, aliases) ☐ **No** ☐ **Yes -** please provide details		
	Family name		
	Given names		
4.	**Date of birth (DDMMYYYY)**		
5.	**Your signature**		
	Date (DDMMYYYY)		
6.	**Your postal address**		
7.	**Your telephone number**		
8.	**Preferred method of communication** *(tick one box only)* *This is how you will receive the response*	☐ Email	Email address:
		☐ Post	
9.	**Do you need an interpreter?**	☐ **No** ☐ **Yes -** please provide language:	

Third party's details:		
	Title:	
	Family name	
	Given names	
	Date of birth (DDMMYYYY)	
	Address	
	Telephone number	
10.	**Consent** I consent to the Department of Treasury and Finance, as personal information custodian, amending my personnel information, to reflect the changes described in this form.	
	Name	
	Signature	
	Date (DDMMYYYY)	
11.	**Please describe in detail the information you believe is incomplete, out of date or misleading and specify the changes you want made to that information.**	

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