ACCESS REQUEST FORM

Policy/Certificate Number: : _____

Policy owner : _____

Policy owner NID No. : _____

I / We _____

NID No. / Company No. / Business Registration No_____

hereby request and authorize Etiqa for the following:

☐ To have access to my personal data on**

☐ To stop processing my personal data for **

☐ To withdraw my consent for **

**Kindly provide the details below (if applicable):

_____

_____

_____

_____

_____

Signature of Policy Owner and Company / Organization's Rubber Stamp (where applicable)

Name : _____
NID No : _____
Mobile No : _____
Date : _____

_____

Signature of Witness

Name of Witness : _____
NID No : _____

*Note: ** Signature of policy/certificate owner on this form must match with the proposal form for insurance.*

FOR COMPLIANCE USE ONLY			
Verified By	:	Approved By	:
Date	:	Date	: