



Insurance & Takaful

ACCESS REQUEST FORM

Policy/Certificate Number (if applicable): : _____

Requestor's Name: : _____

Requestor's NRIC No./Company No./
Business Registration No. : _____

Requestor's Correspondence Address : _____

Requestor's Contact Number : _____

Relationship with Policy/Certificate
Owner(If Policy/certificate owner and
requestor is different person) : _____
(please provide document to support the relationship)

I / We _____

hereby request Etiqa for the following:

To have access to the personal data on**

To stop processing the personal data for **

To withdraw my/our consent for **

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

Signature of Requestor /Requestor Company /
Organization's Rubber Stamp (where applicable)

Name : _____

Date : _____

Signature of Witness

Name of : _____

Witness : _____

NRIC No : _____

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

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