



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	: