

## Insurance & Takaful

Consent Form for Individual Customers ("Opt Out")

Please complete in BLO	CK LETTERS				
Name	:				
NRIC No	:				
Policy/Certificate No	:				
Please indicate the type of policy/certificate :		Life	General	Family Takaful	General Takaful

Note : Please fill in the above information in order for us to process your request.

From time to time, Etiqa may release your personal data (including sensitive personal data) to other entities for marketing and promotional purposes that may be of interest to you. To receive such information, your consent is required.

Please tick the box in the declaration below if you wish to withdraw your consent for marketing and promotional purposes.

## **Declaration**

By signing this form, I am declaring that I have read and understood, and agreed to be subjected to the Etiqa Privacy Notice.

No, I do not agree to Etiqa and/or other entities processing my personal data (including sensitive personal data) for marketing and promotional purposes.

Signature: \_\_\_\_\_

Date :\_\_\_\_\_

