

PERSONAL DATA ACCESS AND CORRECTION REQUEST FORM

This Request is made to: AmMetLife Insurance Berhad (Company No: 15743-P)			
IMPORTANT NOTE:			
<ul style="list-style-type: none"> This form is to be completed by individuals requesting access/correction to personal data This form is not to be used for requesting copies of transactional documents. Copies of transactional documents can be obtained from your relationship manager / officer / relevant branches / business units. Your request may not be processed if the information/document provided is incomplete OR where the request is of a commercially confidential information. Third Party Requestor is to be present at the relevant office/branch to submit this form and for verification of information and documents required. Processing Fees for access request:- <ul style="list-style-type: none"> Personal Data: RM10.00 (copy required)/RM2.00 (no copy required) Sensitive Personal Data: RM30.00 (copy required)/RM5.00 (no copy required) NO processing fees for requesting correction to personal data. The supporting document(s) required in this form must be provided and the relevant processing fee paid. We will respond within 21 days of receipt of the completed form with accompanying documents and payment. If you have any queries/need any guidance in filling-up this form, you may contact: Customer Care Centre 1300 88 8800/e-mail: customercare@ammetlife.com If you wish to mail this form, the duly completed access request form can be mailed (together with payment of the required processing fee) to: Customer Care Centre, Level 6, Menara 1 Sentrum, No 201, Jalan Tun Sambanthan, 50470 Kuala Lumpur 			
PART A : ABOUT YOURSELF			
<input type="checkbox"/> I am a customer/former customer of and I would like to access my personal data <input type="checkbox"/> I am a Third Party Requestor [i.e. I am making this request for personal data of another person.]			
PART B : PARTICULARS OF POLICY OWNER			
Full name (as per NRIC):			
NRIC/Passport Number:		(Copy to be attached)	
Address:			
Account No./Insurance Policy No./Other Ref. No:			
Telephone No:	Office/Home:	Mobile:	E-mail:
PART C : PARTICULARS OF THIRD PARTY REQUESTOR <i>(to be filled if request is made by a person other than Policy Owner)</i>			
Full name (as per NRIC):			
NRIC/Passport Number:			
Address:			
Telephone No:	Office/Home:	Mobile:	E-mail:
I am making this request for the personal data of Policy Owner because Policy Owner: <ul style="list-style-type: none"> <input type="checkbox"/> is a minor and I am the parent/legal guardian/parental responsibility over the Policy Owner <input type="checkbox"/> is incapable of managing his/her affairs and I have been appointed by Court to manage his affairs <input type="checkbox"/> had passed away and I have been appointed as administrator of Policy Owner's estate. <input type="checkbox"/> authorised me in writing to make this request <input type="checkbox"/> other reason: (please specify): _____ 			
In proof of my capacity, I enclose the following: <ul style="list-style-type: none"> <input type="checkbox"/> copy of my NRIC/Passport (original to be produced for inspection); and <input type="checkbox"/> original of Court Order/Power of Attorney <input type="checkbox"/> original of authorisation letter from Policy Owner <input type="checkbox"/> other documents (please specify): _____ 			

PART D : THE PERSONAL DATA REQUESTED

Please tick [ū] for the type of details for which the personal data is being requested

Policy Owner details Life Assured details Banking details Nominee/Trustee/Assignee details

Other (please specify): _____

I am/Policy Owner is a _____ for a facility/insurance policy provided to _____

I am/Policy Owner is a director/shareholder/authorised signatory of _____

PART E : THE REQUEST

I would like to be:

informed whether or not the personal data is held by the company (i.e. no copy of personal data is required by me)

to be supplied with a copy of the personal data requested

PART F : PREFERRED MANNER OF DELIVERY

The personal data requested :

is to be mailed to my address stated above.

will be collected by me personally from your office/branch at: _____

PART G: THE PERSONAL DATA CORRECTION REQUESTED

Personal Data Item <i>(e.g. address, telephone number etc)</i>	Correction/Deletion/ Addition of Personal Data	Remarks

PART H: DECLARATION *(by Policy Owner/Third Party Requestor)*

I, _____ (NRIC/Passport No: _____) hereby certify that the information given in this form and all documents enclosed are true and accurate.

(Signature of Policy Owner/Third Party Requestor) Date: -----

PART I : ACKNOWLEDGMENT RECEIPT *(by company)*

Received by:

(signature of AmMetLife staff receiving the request)
Name: -----

Office/Branch: -----

Date Received: _____
Designation: -----

Official Rubber Stamp: