

Al Etihad Cooperative Insurance Company

Data Subject Rights Request Form

Please complete this form and send it to the following email address: DPO@aletihad.sa

Email Subject: DSR – Requester Name

Requester Information

Full Name *: _____

Email Address *: _____

Mobile Number *: _____

Requester Type

☐ Data Subject

☐ Authorized Representative

Name of the Data Subject, if the request is submitted on their behalf:

Request Details

Please select all that apply:

☐ **Access to Personal Data:** Request to view your personal data held by Al Etihad Cooperative Insurance Company.

☐ **Get a Copy of Personal Data:** Request a clear and readable copy of your personal data.

☐ **Correct, Complete, or Update Personal Data:** Specify the data that needs to be corrected, completed, or updated.

☐ **Delete Personal Data:** Request the deletion of your personal data, subject to applicable data retention requirements.

☐ **Withdraw Consent:** Request to withdraw your consent to the use of your personal data when consent is the basis for processing.

☐ **Complaint About Personal Data Processing:** Submit a complaint about how your personal data is handled.

Request Details

Please explain your request and provide details of the relevant data or records:

Document Number or Record Reference, if available:

Declaration

☐ I confirm that the information provided is correct and that I am the data subject concerned or authorized to submit this request on their behalf.

☐ I agree to provide Al Etihad Cooperative Insurance Company with any additional information needed to verify my identity or authorization, or to process my request.

Signature: _____

Date: _____

Fields marked with (*) are mandatory.