

AUTO – CREDIT ARRANGEMENT FORM

Kindly fill out all necessary information below. We provide assurance that your personal details will be treated with utmost security and confidentiality.

Only the Generali Principal Member and/or Bank Account Holder shall be permitted to accomplish this form.



FULL NAME OF PRINCIPAL MEMBER: _____

EMAIL ADDRESS: _____

CONTACT NUMBER: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

BANK NAME: _____

BANK LOCATION: _____

TYPE OF ACCOUNT: Savings Current Others (please specify): _____

PRIVACY NOTICE:

By signing below, you agree that the purchase, enrollment, maintenance, access or continued use of any GLAPI's product and services shall be deemed as your acceptance and agreement to be bound by the terms of this Privacy Consent Statement.

You also explicitly authorized and given consent to GLAPI for the collection, use, and processing of Personal Data that you provided for the following purposes:

- For providing, processing and administering your application and Policy for GLAPI insurance products and services;
- For administering and servicing GLAPI products and services, including adjudication of claims under your insurance plan;
- For informing you of GLAPI's products and services, including marketing or promotional information on GLAPI's products and services through phone calls, mail, email, SMS or other electronic channels;
- For complying with applicable laws, regulations or obligations of GLAPI to any competent authority, regulator, enforcement agency, judicial and quasi-judicial body or tribunal;
- For identification, investigation and prevention of financial crimes such as money laundering and terrorist financing, bribery and fraud

You agree and give consent to GLAPI to disclose and share the Personal Data to the following:

- Between and among Generali Group for lawful purpose such as verification of identity in accordance with the Company's prescribed verification procedure, business development, data processing, analysis and management, surveys, product and service offers, account servicing, marketing activities, risk management purposes, collections purposes;
- Accredited third party service providers and vendors necessary for the purposes of carrying out GLAPI products and services;
- Government or regulatory bodies or any person to whom GLAPI must disclose data: (a) under a legal and/or regulatory obligation in that jurisdiction applicable to GLAPI; or (b) pursuant to an agreement between GLAPI and the relevant government regulatory body or other person.

The sharing of personal data shall only be made when legally necessary and shall be limited to the purpose stated therein. Your personal information shall be retained by GLAPI throughout the duration of your plan and until the retention period set by applicable laws, rules and regulations.

Company Name: _____ Policy Owner / Principal Member's Full Name: _____

Signature over printed name of Member / Bank Account Holder / Authorized Representative

Date Signed