



GLAPI DATA SUBJECT REQUEST FORM

Last review date: Oct 2023

Generali Life Assurance Philippines, Inc. ("GLAPI") respects your privacy and acknowledges your rights as Data Subjects.

GLAPI will process information that is provided in the context of this request (Section A) to identify the Data Subject and the Personal Data impacted by this request, to respond to the request and to keep a record of the request and our response. Processing of such Personal Data will be carried out in accordance with the applicable regulation and GLAPI Personal Data Protection Policy.

This form is designed to assist Data Subjects in the process of exercising their rights and, consequently, may speed the process up. Notwithstanding, it is not mandatory; all requests from Data Subjects made in other formats will also be processed.

Please read before filling in the Data Subject Request Form. Kindly fill out all the information needed, when applicable, using Black or Blue ink only, BLOCK LETTERS and ticks (✓) or ☐ where applicable. Please, do not use highlighters.

Identification of relevant records will be easier if you can provide any references issued by GLAPI relating to applications you may have made, or action taken towards you (Section B).

Please send your completed and signed form (Section C) and proof/s of identity to:

By email to GLAPI's Data Protection Officer (DPO) at privacy@generali.com.ph; or

By post to GLAPI's Data Protection Office at 10thF/ 358 Sen. Gil Puyat Ave. Makati City, 1209 Philippines.

If you are submitting the request on behalf of the Data Subject, please also accompany the letter or note of authority that covers the request.

The Office of the DPO of GLAPI shall respond promptly (acknowledgement of receipt) in any event within 72 hours or 3 days of the latest of the following:

- Upon receipt of "Data Subject Request Form"; or
- Upon receipt of any further information, we may have asked you to provide in enabling us to comply with your request.

Once we are satisfied that you meet the criteria under the applicable Data Protection regulation and have provided sufficient information for us to confirm your identity and accept your application for processing, you should receive a response within 30 days from that date. Records may be held in several different locations in paper and electronic formats. If you only require specific information and you clearly state what that is then (Section B) you are likely to get a quicker disclosure.

For further knowledge and reference about your privacy rights, please visit the National Privacy Commission's official website at <https://privacy.gov.ph/>.

A. APPLICANT INFORMATION

Are you the Data Subject?

☐ Yes, I am the data subject

In order to prove the applicant's identity, please attach a copy of proof of identity.

Please DO NOT send original documents.

☐ No, I am acting on behalf of the data subject

A representative of the data subject needs to obtain authority from the data subject before personal data can be released. Please attach a copy of data subject's proof of identity and letter or note of authority that covers the request (e.g., copy of court order) and your proof of identity.

If you cannot provide us with satisfactory proof of identity, we reserve the right to refuse to grant your request.

Name of the applicant

(Given Name)

(Middle Name)

(Surname)

Name of the data subject (if different from the Applicant)

(Given Name)

(Middle Name)

(Surname)

Personal identifier, e.g., PhilId number, or other identification number previously assigned by GLAPI to the data subject (such as policy number, membership number or other reference number)

Address for Correspondence

Contact Number

Email

Preferred way for feedback on the request

- ☐ In writing to the correspondence address
☐ Email

B. DATA SUBJECT RIGHT

This request is in regard to

- | | | |
|---|---|--|
| <input type="checkbox"/> Right to be Informed | <input type="checkbox"/> Right to Object | <input type="checkbox"/> Right to Data Portability |
| <input type="checkbox"/> Right to Access | <input type="checkbox"/> Right to Erasure/Blocking | <input type="checkbox"/> Right to Damages |
| <input type="checkbox"/> Right to Rectification | <input type="checkbox"/> Right to Withdraw | <input type="checkbox"/> Right to File a Complaint |
| | <input type="checkbox"/> Right to Restriction of Processing | |

Description of the request (use extra sheets if necessary)
(Please further describe the nature of your request and give us any details to support us while handling your request. By way of example, in case of an access request, by stating specific information you require; before a rectification request, what information is inaccurate or erroneous and the correct one; or if you are requesting the deletion of data, description of information for erasure and grounds)

Date around which or period within which the requested data was collected (if applicable / if known)

Name of the staff member of GLAPI who collected the requested data (if applicable / if known)



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C. DECLARATION

If submitted by the Data Subject

By signing this form, I confirm that I have read and understood the terms of this "Data Subject Request Form" and declare that all information above is true to the best of my knowledge. I understand that it is necessary for GLAPI to confirm my identity as data subject and it may be necessary to obtain more detailed information, to properly act on my request.

_____ Signature over
printed name Date

If submitted on behalf of the Data Subject

By signing this form, I confirm that I have read and understood the terms of this "Data Subject Request Form" and declare that all information above is true to the best of my knowledge. I confirm that I am authorized to act on behalf of the data subject. I understand that GLAPI must confirm my identity, data subject's identity and my legal authority to act on the data subject's behalf and may need to request additional verifying information, to properly act on my request.

_____ Signature over printed name
Date