ORIENT TAKAFUL PJSC

DATA SUBJECT REQUEST (DSR) TEMPLATES

DSR- TEMPLATES - 001 | Version 1.4| February 2026

FORM DSR-002 — CUSTOMER DATA SUBJECT REQUEST FORM

IMPORTANT: Please complete all sections of this form clearly. Orient Takaful PJSC is committed to responding to your request within 30 calendar days. A copy of this completed form and proof of identity must be submitted. All fields marked * are mandatory.

SECTION A — YOUR DETAILS (DATA SUBJECT)

Field	Your Information
Full Legal Name *	
Emirates ID Number *	784 - _____ - _____ - _
Passport Number (if no Emirates ID)	
Date of Birth *	DD / MM / YYYY
Nationality	
Email Address *	
Mobile Number *	+971
Preferred Language	English Arabic Other: _____
Preferred Response Channel *	Email Post Portal Branch Pick-Up

SECTION B — YOUR RELATIONSHIP WITH ORIENT INSURANCE

Field	Your Information
Policy / Member Number (if known)	
Type of Policy	Medical Motor Life Travel Home Other: ____
Your Role	Policyholder Insured Member Beneficiary Claimant Website Visitor Other: _____
Period of Relationship	From: _____ to (if applicable): _____
Are you acting on behalf of another person? *	No Yes — please complete Section C

SECTION C — THIRD PARTY / AUTHORISED REPRESENTATIVE (Complete only if acting on behalf of another person)

Field	Information
Representative Full Name *	
Representative Emirates ID *	784 - _____ - _____ - _
Relationship to Data Subject *	Parent / Guardian Legal Representative Power of Attorney Employer (HR)
Supporting Document Attached *	Power of Attorney Court Order Parental Consent HR Authorisation Letter

SECTION D — REQUEST TYPE (Select all that apply)

#	Request Type	Select	Description of What You Are Requesting
1	Right of Access	☐	I would like a copy of all personal data Orient Insurance holds about me
2	Right of Rectification	☐	I would like to correct the following inaccurate/incomplete data: _____
3	Right of Erasure	☐	I would like Orient Insurance to delete my personal data (subject to legal retention obligations)
4	Right to Restrict Processing	☐	I would like Orient Insurance to limit how it uses my data
5	Right to Data Portability	☐	I would like my data provided in a structured, machine-readable format for transfer
6	Right to Object	☐	I object to Orient Insurance processing my data for (specify): _____
7	Withdrawal of Consent	☐	I withdraw my consent to the following processing: _____
8	Other	☐	Please describe: _____

SECTION E — ADDITIONAL DETAILS OF YOUR REQUEST

Field	Your Information
Please describe your request in detail:	
Specific data or records of concern:	
Time period of concern (if applicable):	From: _____ to: _____
Is this request related to a complaint?	No Yes — Complaint Reference: _____

SECTION F — IDENTITY DOCUMENTS ATTACHED

Document	Attached?	Document Reference/Number
Emirates ID (front and back)	Yes No	
Passport + UAE Visa page	Yes No N/A	
Power of Attorney / Court Order (if applicable)	Yes No N/A	
Other Supporting Document	Yes No N/A	

SECTION G — DECLARATION

DATA SUBJECT DECLARATION: I confirm that the information provided in this form is true and accurate to the best of my knowledge. I understand that Orient Takaful PJSC may require additional information to verify my identity before processing this request. I understand that Orient Takaful will respond within 30 calendar days of verifying my identity. I understand that certain data may be subject to legal retention obligations and may not be erasable.

Field	
Data Subject Signature *	
Printed Name *	
Date *	DD / MM / YYYY
Place of Signing	

Submit this form to:

- Online: Login to orienttakaful.ae → My Profile → Privacy Request
- Email: Otkfl.Dataprivacy@orienttakaful.ae
- Post / In Person: Data Protection Officer, Orient Takaful PJSC, P.O. Box 183368, Dubai, UAE
- Phone: +971 4 601 7500