

Data Subject Right Request Form

Introduction

You have rights as the Data Subject regarding the collection, use, and/or disclosure of your personal data under the Personal Data Protection Act B.E. 2562 (“PDPA”). [You can exercise your rights by submitting this request yourself or by authorizing a representative to submit it to ERGO Insurance (Thailand) Public Company Limited (“the Company”) or by sending the request via registered mail to the Company’s office or via email to dpo@ergo.co.th.

Please fill in the details in this request and check the boxes . For topics marked with *, it is necessary information for the Company to consider or process your request.

Personal Data Subject Details

First and Last Name* : _____
Phone Number* : _____
Email* : _____
Contact Address* : _____

Submit request myself

Submit request through authorized representative
(Attach a copy of the power of attorney certified
as a true copy by the authorizer)

[The company needs to verify your identity to confirm that you are the data subject exercise the right by yourself or are authorized to act on their behalf. Therefore, please attach a copy of your ID card or passport with this consent withdrawal request.

If you are acting on behalf of the data subject, please provide a copy of your ID card and the data subject’s ID card, as well as documentation demonstrating your authority to act, such as a power of attorney.]

What is the status or relationship of the data subject with the company?

Job applicant

Employee

Customer

Former employee

Company partner/service provider

Employee of company partner/service provider

Other (please specify) _____

The data subject wishes to exercise the following rights:

- | | |
|---|---|
| <input type="checkbox"/> Right to access personal data | <input type="checkbox"/> Right to request correction of personal data |
| <input type="checkbox"/> Right to request deletion of personal data | <input type="checkbox"/> Right to object to processing of personal data |
| <input type="checkbox"/> Right to request data transfer | <input type="checkbox"/> Right to restrict processing of personal data |

Your request description *

When completing the above information, please be informed that:

- (1) You must clearly and sufficiently specify the personal data details for which you wish to exercise your rights. This is to facilitate the Company in efficiently processing your request. If you do not provide adequate and sufficient details for processing your request, the Company may not be able to assist you as requested.
- (2) The Company will use the personal data you have provided in this request for the purpose of processing your request. This personal data may be disclosed within the Company or to the Company's personnel, business partners, contractors or service providers for the purpose of processing your request.
- (3) In some cases, exercising certain rights may result in the Company being unable to continue offering products or services to you.
- (4) The Company may charge you a fee to cover the expenses incurred in processing your request, as permitted by law. In such cases, the Company may not be able to process your request unless you agree to pay the applicable fee.

Certification and Confirmation

I hereby confirm that I have read and understood the content and requirements specified in this request, and have attached my identity verification documents along with this request. Furthermore, I consent to the company collecting, using and/or disclosing such documents for the purpose of processing my request. I have read and fully understood the details and requirements set forth in the company's Privacy Policy.

I confirm and certify that the documents I have submitted, including the information in this request, are accurate, true and complete. I hereby certify that in exercising my rights under this request, I have the legal right to do so, and I do not intend to cause any damage to the company or any other person. I have therefore signed as stated below.

Signature.....

(.....)

Data Subject / Authorized Person / Parent / Guardian / Custodian

Date.....

Signature.....

(.....)

Parent with Authority to Act on Behalf of the Data Subject ¹

Date.....

For Officer Only

For Data Protection Officer	
Date Received	: _____
Date recorded in the system	: _____
For Company	
Date of Reply	: _____
*Approved/Denied	: _____
Reason for Denial (if any)	: _____
Fee (if any)	: _____
Date Payment Received	: _____
Date Processed	: _____
Processed By	: _____

¹ Note: For personal data subject who are over 10 years old but not yet 20 years old and have not yet reached legal age, consent must also be obtained from the legal guardian who has the authority to act on behalf of the minor.