

## Withdrawal of Consent Form

### Introduction

As the data subject, you have the right to withdraw any consent previously given to ERGO Insurance (Thailand) Public Company Limited (“the Company”) to collect, use and/or disclose your personal data at any time, under the Personal Data Protection Act B.E. 2562 (“PDPA”). [You can exercise this right by submitting this form in person or through an authorized representative to the Company, or by sending it via registered mail or email to dpo@ergo.co.th.]

If you wish to withdraw your consent, please complete the details in this form and check the box . Items marked with \* are necessary for the Company to consider or act on your request.

### Personal Data Subject Details

Name - Surname\* : \_\_\_\_\_

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 withdrawing consent, 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 personal 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) \_\_\_\_\_

### Withdrawing Consent

By this document, I hereby withdraw the consent previously given to the company and its personal data processors or agents, and request the cessation of collection, use and/or disclosure of my personal data as follows:

- All personal data
- Only sensitive personal data such as race, ethnicity, political opinions, religious or philosophical beliefs, criminal record, health information, disabilities, genetic data, biometric data or other sensitive personal data as specified in the Personal Data Protection Act or designated by the Personal Data Protection Committee.
- Other personal data (please specify) \_\_\_\_\_

For the following purposes:

- All purposes
- Specifically for the purpose of sending information, news, offers, special privileges, recommendations regarding products and/or services, and marketing promotion information from the company
- Other purposes (please specify) \_\_\_\_\_

Please note the following when filling out the above information:

- (1) Once you withdraw your consent, the company will stop collecting, using, and disclosing your personal data for the purposes relying on your consent. We will also inform our representatives and data processors to stop such practices, under the Personal Data Protection Act.
- (2) Withdrawing your consent will not affect the company's right to use your personal data collected based on your prior consent. In some cases, withdrawing consent may result in the company being unable to provide products or services to you going forward, or refuse to enter into an insurance contract with you.
- (3) The company will use the personal data you provided in this withdrawal form to process your consent withdrawal request. We may disclose such data internally or to the company's contractors and service providers for this purpose.

### Certification and Confirmation

I confirm that I have read and understood the content and terms specified in this request form. I have also attached documents to verify my identity along with this request. I consent to the company collecting, using and/or disclosing these documents for processing my consent withdrawal request. I confirm that I have thoroughly read and understood the details and provisions specified in Privacy Policy.

I confirm my request to withdraw my consent for the company to collect, use and/or disclose my personal data that was previously provided, for the purposes stated above. I acknowledge that withdrawing my consent may result in the company being unable to provide products or services to me going forward, or refuse to enter into an insurance contract with me.

I confirm and certify that the documents I provided and the information given in this request is accurate, factual and complete. I certify that I have the lawful right to exercise my rights under this request, without an intention to cause damage to the company or any other persons. I have therefore signed this document below.

Signature.....  
 (.....)

Data Subject / Authorized Person / Parent / Guardian / Custodian

Date.....

Signature.....  
 (.....)

Parent with Authority to Act on Behalf of the Data Subject <sup>1</sup>

Date.....

**For Officer Only**

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

<sup>1</sup> 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.