



**CONFIDENTIALITY CONSENT FORM TO CONTRACT HOLDER**

Name of Contract Holder ;  
Contract Number :  
Entity : Etiqa Takaful Berhad

In providing our services to you being the master policy/certificate holder of the insured person/covered member (each a "data subject"), we may be required:

- (i) to collect, hold, process and use personal data including sensitive data about a data subject. Information about a data subject may be transferred to or accessible from our offices and branches;
  - (ii) to transfer personal data about data subjects to third parties who process information on our behalf for the purposes set out in this paragraph. In such cases, our agreements with the third party shall provide for the protection of the personal data in accordance with the Personal Data Protection Act 2010 ('Act');
- and
- (iii) by law or otherwise, to disclose certain personal data about data subjects to third parties (e.g. to the courts or to regulatory authorities).

By releasing to our agent information of the insured person/covered member under the master policy/certificate for the purposes set out in this paragraph, you hereby confirm that:

- (a) you have obtained the prescribed consent from the insured person/covered member to such disclosure of the personal data by you to our agent;

and

- (b) you expressly authorised our agent to process all such information relating to the insured person/covered member for the purposes and in the manner described above in so far as necessary for our agent to carry out its function and duties.

**I hereby declare and confirm that I have read and understand the above statement.**

Contract Holder Signature

Name :

Date :