

Data Subject's right request form

Regarding the Personal Data Protection Act B.E.2562 ("PDPA"), which stipulates that the Data Subject shall be rightfully excised his/her personal data right. In order to comply with the legal obligation as a Data Controller, Thaire Life Assurance Public Company Limited (the "Company") arranges this Data Subject's right request form to facilitate the Data Subject when exercising his/her right regarding the personal data.

Please specify the detail as follows:

Part 1 Requestor's information

To verify the personal identity of the requestor, please fill in your information as below:

Name-Surname
 Address
 Phone No.
 E-mail

Please attach the identity verification document(s): Copy of ID Card or Copy of Passport.

Remark: The Company will use the attach document for the purpose of identity verification only. The requestor shall conceal the religious or blood type shown on the document (if any), as the Company has no intention to collect such sensitive personal data of the requestor.

Part 2 Status of the requestor

The requestor is the Data Subject who wish to exercise the personal data right.

[] Yes , I am the Data Subject and have a right to file the form according to PDPA.
 [] No , I process the request on behalf of the Data Subject (Please specify the detail of Data Subject)
 Name-Surname
 ID Card No./ Passport No.
 The reason for authorizing the requestor

In processing the request on behalf of the Data Subject, the Company reserves the right to consider your request and might reject the request, except where the Company has a legal obligation to consider and perform according to your request.

Part 3 Detail of the Request

I would like to file the request to the Company (Data Controller), detail as follows:

Notice: Please fill in the detail of your request i.e. name of the document/ source of personal data which you would like to exercise the personal data right, date of the document, type of personal data and other information to support the Company's decision to process your request.

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Your position or relation with the Company:

- | | | |
|--|--|--|
| <input type="checkbox"/> Job candidate | <input type="checkbox"/> Employee | <input type="checkbox"/> Ex-employee |
| <input type="checkbox"/> Insured | <input type="checkbox"/> Beneficial | <input type="checkbox"/> Insurance Policy Payee |
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> Director | <input type="checkbox"/> Director candidate |
| <input type="checkbox"/> Vendor | <input type="checkbox"/> Vendor's employee | <input type="checkbox"/> Other (Please specify)..... |

What personal data right you would like to exercise?

- Right to access the personal data
- Right to withdraw the consent (in case the Company obtains your personal data's consent)
- Right to rectify or update the personal data
- Right to be erased or eliminate the personal data
- Right to suspend the processing of personal data
- Right to transfer the personal data
- Right to reject the collection or disclosure of the personal data
- Other related personal data request

Part 4 Consideration process

The Company would like to thank you the requestor for filing the request and all relevant documents. For the next step, the Company will consider the request and get back to you within the timeframe as specified by law. In case there is some further explanation needed, the Company will get in touch with you as per the informationo



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