QUESTIONNAIRE FOR AUTHORIZED PERSON OF THE COMPANY



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Certificate No.																										
(h) Current Residential Address of Authorized Person:																										
Postcode						To	wn																			
Country																										
(i) Current mailing address of Authorized Person. (Please only complete if different from your residence address):																										
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PERSONAL DATA PROTECTION NOTICE

Your privacy is of utmost importance to us. For full details on how your data is collected, used, transferred, your rights over your personal data, and how to manage your marketing preferences, please refer to the Personal Data Protection Notice on Great Eastern Takaful Berhad's Website or obtain a copy from our Customer Service Officer. If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our Customer Service Careline at 1 300 13 8338 or Data Protection Officer at GETBDPO@greateasterntakaful.com.

Privasi anda adalah sangat penting bagi kami. Untuk maklumat penuh mengenai bagaimana data anda dikumpul, digunakan, dizahirkan, hak anda ke atas data peribadi anda, dan cara-cara untuk mengurus pilihan pemasaran anda, sila rujuk kepada Notis Perlindungan Data Peribadi di laman web Great Eastern Takaful Berhad atau dapatkan salinan daripada Pegawai Perkhidmatan kami. Sekiranya anda mempunyai sebarang pertanyaan atau aduan (seperti menghadkan pemprosessan maklumat tertentu, termasuk membatalkan persetujuan untuk menerima maklumat pemasaran), anda boleh menghubungi Pusat Perkhidmatan Pelanggan di 1 300 13 8338 atau Pegawai Perlindungan Data di GETBDPO@greateasterntakaful.com.

DECLARATION OF AUTHORIZED PERSON										
I hereby confirm and represent to Great Eastern Takaful Berhad, its related corporations (collectively the "Takaful Operators"), as well as their respective representatives and agents ("Representatives") that each of the Beneficial Owners and Authorized Person have agreed and consented to the disclosure of their personal data to the Takaful Operators and their Representatives, and further, that for the Takaful Operators and Representatives' collection, use and / or disclosure of the personal data of the Beneficial Owners and Authorized Person, and disclosing such personal data to the Takaful Operators' authorized service providers and relevant third parties for purposes reasonably required by the Takaful Operators to evaluate our proposal and to provide the products or services which we are applying for. I declare that the information I have given in this Questionnaire are true and accurate, and I have not withheld any material information.										
Signature of Authorized Person with Designation and Company Stamp	Date Day Month Year									
**Please submit a clear copy of NRIC/Passport of the	Authorized Person									
STATEMENT OF WITNESS										
Authorized Person under the Certificate No. / Proposa	de in my presence and that to my own personal knowledge it is the signature of the al No. as mentioned above.									
Name	-									
NRIC No.										
Address										