



## Data Subject Request Form

### ESTRDAD ALASOOL – Data Privacy and Protection

#### Purpose of this Form:

This form allows you to exercise your data protection rights, including access, rectification, erasure, or restriction of your personal data, as per Saudi PDPL

#### Instructions for Submission:

1. Complete all sections of this form to ensure accurate processing.
2. Attach a valid proof of identity (e.g., a copy of your government-issued ID).
3. Submit the completed form via email to [info@estrdadgroup.com]

For assistance, please contact us at [info@estrdadgroup.com].

#### Section 1: Requestor Information

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_

- Email Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Relationship to ESTRDAD ALASOOL:

Customer

Clients (Banks)

Employee

Vendor

Other: \_\_\_\_\_

#### Section 2: Nature of Request

(Please check all that apply):

Access: I want to know what personal data ESTRDAD ALASOOL holds about me.

Rectification: I want to update or correct my personal data.



- Erasure: I want my personal data to be deleted.
  - Restriction: I want to limit how my personal data is processed.
  - Data Portability: I want a copy of my personal data in a structured, commonly used format.
  - Objection: I object to the processing of my personal data.
  - Withdraw Consent: I withdraw my consent for data processing.
  - Other: \_\_\_\_\_
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### Section 3: Details of Request

Please provide additional information to help us locate your personal data (e.g., account numbers, services used, etc.):

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### Section 4: Proof of Identity

To protect your personal data, we must verify your identity before processing your request. Please attach one of the following:

- Government-issued photo ID
  - Utility bill or bank statement with your name and address
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### Section 5: Authorization

If you are submitting this request on behalf of another individual, please include:

- Proof of your authorization to act on their behalf (e.g., a power of attorney).
- Identification for both the data subject and yourself.

**Name of Data Subject (if different from Requestor):** \_\_\_\_\_

**Your Relationship to the Data Subject:** \_\_\_\_\_

### Section 6: Declaration

I confirm that the information provided in this form is accurate and that I am the individual to whom the data relates or am authorized to act on their behalf.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### For Internal Use Only

- **Date Received:** \_\_\_\_\_
- **Request ID:** \_\_\_\_\_
- **Action Taken:** \_\_\_\_\_
- **Handled By:** \_\_\_\_\_
- **Completion Date:** \_\_\_\_\_