## **Data Subject Request Form**



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This form is intended for use by data subjects who wish to exercise their rights under applicable data protection laws. The form allows individuals to request access, rectification, erasure, restriction, portability, or to object to the processing of their personal data.

Bank Albilad will endeavor to complete the request within 30 days; however, an additional 30 days may be required if the implementation demands disproportionate effort. Bank Albilad may also need to request additional supporting documentation from you for verification purposes.

Data Subject Information		
Full Name		
Contact Number		
Email Address		
National ID		
Nationality		
Data Subject Type (Please Select one)	☐ Existing BAB Customers	☐ Current BAB Employee
	Previous BAB Customer	☐ Previous BAB Employees
	Potential New Customer	Others Please Specify
Type of Request		
Please select the right you wish to exercise:		
☐ Right to Access Personal Data		
(Request access to your personal data and	receive additional information about	ut the processing, such as the
purposes, categories of data, and recipients.)		
☐ Right to Obtain Copy of Personal Data		
(Request to obtain copy of your personal data	a held by Bank Albilad in a readable a	and clear format.)
☐ Right to Correct Personal Data		
(Request the correction or completion of you	r personal data if it is inaccurate or in	complete to ensure your data is
accurate and up to date.)		
☐ Right to Erasure of Personal Data		
(Request to delete your personal data when i	it is no longer necessary for the purpo	ses for which it was collected.)

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## Details of the Request

Please describe your request in detail, including any relevant dates, specific data, or information related to the

request: