CONSENT WITHDRAWAL FORM

الاتحاد للتأمين
UNION INSURANCE

Please Complete Clearly (All Fields Mandatory)

1. ADMINISTRATIVE & IDENTIFICATION DETAILS

Date of Request:

Full Name (As recorded in UIC's records):

Contact Details (Registered Email & Mobile Number):

Customer ID / Policy / Claim Ref:

Preferred Communication Method:

☐ Email ☐ Phone / SMS ☐ Other Channel

Requested Effective Date:

2. CONSENT SPECIFICATION & SCOPE

Type of Consent to Withdraw:

☐ Marketing Communications
☐ Optional Data Processing Actions
☐ Cookies & Tracking Consent
☐ Other Specific Consent

Scope of Withdrawal:

☐ Complete Withdrawal (All purposes/channels)

☐ Partial Withdrawal

Specify purpose/channel: _____

Description of Consent (Details of previous consent and related activity):

Supporting Information / Context (Optional details to help locate your consent record):

3. IDENTITY VERIFICATION & AUTHORISATION STATUS

Identity Verification Method Status:

☐ OTP / SMS Verified ☐ Registered Email Confirm
☐ Other

Request Submitted By:

☐ Data Subject ☐ Authorised Representative

Representative Details (If applicable - Name, Relationship, Contact, and Authority Evidence):

4. DECLARATION & CONFIRMATION

I hereby declare and confirm that I am the data subject, or the duly authorised representative of the data subject, identified above. By signing below, I formally request Union Insurance Company PJSC to withdraw my previously provided consent as specified in Section 2 of this form. I understand that the processing of my request is subject to verification of identity and that the withdrawal will take effect from the requested effective date or upon successful processing in alignment with data privacy rules.

Signature of Data Subject / Authorised Representative:

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Date Signed:

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