MIC Global Risks

Approved Representatives Of Marsh

(Made under regulation 15(2) **Form No. 4**

APPLICATION TO PREVENT COLLECTION OR PROCESSING OF PERSONAL DATA

Note

i. *Documentary evidence substantiating the suspension or not to begin may be required.*
ii. *If space provided in this Form is not sufficient, submit the information as an appendix.*

A. APPLICATION BASIS

(*Mark the appropriate box with a tick "✓")*

SUSPENSION ☐ **NOT TO BEGIN** ☐

B. PARTICULARS OF DATA SUBJECT

Name: .....

Identification Number: .....

Phone number: .....

E-mail: .....

(State below if the data subject is a child or a person with disability)

Name: .....

Relationship with the Applicant .....

Contact: .....

C. REASONS FOR THE APPLICATION

(Please provide detailed reasons for the application for suspension or not to begin the processing

D. DECLARATION

I certify that the statements I made in this application are true.