MIC Global Risks

Approved Representatives Of Marsh

(Made under regulation 17(2) **Form No. 6**

APPLICATION FORM FOR ERASURE

Fill as appropriate

Note:

i. Any documentary evidence in support of the application may be attached.

ii. Where the space provided for in this Form is inadequate, submit information as an Annexure to this Form.

*iii. All parts marked * are mandatory.*

i. 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 .....

ii. REASONS FOR ERASURE OF PERSONAL DATA

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

Specify the reason(s) for which you want the personal data to be erased.

a) The personal data is no longer necessary for the purposes for which was originally collected	
b) You have withdrawn the consent that was the legal basis for the storage of personal data;	
c) You are objecting to the processing of your personal data and there is no legal interest to proceed with the processing;	
d) Your personal data has been unlawfully processed.	
e) You are required to fulfil legal obligations	

A. DECLARATION

I certify that I have read and understood the terms of this Form and confirm that the information given in this application is true.

(Please note that any attempt to gain access to personal data through misrepresentation may result in prosecution.)

Signature: Date: