

Data Subject Request (DSR) Form

Use this form to submit a request regarding your personal data held by Al Buhaira National Insurance Company (ABNIC).
 We will verify your identity and process your request in accordance with the UAE Federal Decree-Law No. 45 of 2021 on
 the Protection of Personal Data (PDPL), its Executive Regulations, and applicable regulatory requirements.

Instructions for Data Subjects

Use this form to request access, correction, deletion, restriction, portability, objection, withdrawal of consent, or to raise a privacy complaint. The organization may request additional information to verify your identity or authority before processing the request.

- Complete all mandatory fields marked with an asterisk (*).
- Attach a valid identity document or provide verification through an approved organizational channel if requested.
- If submitting on behalf of another person, attach written authorization or legal authority evidence.
- Do not include unnecessary sensitive information in the request description.
- Submit the completed form to: [DSR email address / portal / front desk / HR contact].

Section 1: Requester Details

Field	Details
Full Name *	
Preferred Contact Number *	
Email Address *	
Address / Country of Residence	
Requester Type *	☐ Patient ☐ Employee ☐ Contractor ☐ Visitor ☐ Customer ☐ Supplier ☐ Other: _____
Identifier, if applicable	Patient MRN / Employee ID / Customer ID / Other: _____
Preferred Response Method *	☐ Email ☐ Phone ☐ In-person collection ☐ Secure portal ☐ Other: _____

Section 2: Representative Details, if applicable

Complete this section only if the request is submitted by a parent, guardian, authorized representative, legal representative, or nominated person.

Field	Details
Representative Full Name	_____
Relationship to Data Subject	_____
Representative Email / Phone	_____
Authority Evidence Attached	☐ Written authorization ☐ Power of attorney ☐ Guardian evidence ☐ Other: _____
Data Subject Name, if different from requester	_____
Data Subject Identifier, if known	_____

Section 3: Request Type

Select all rights that apply to your request:

- ☐ Access - I want a copy of my personal data or information you hold about me.
- ☐ Rectification - I want inaccurate or incomplete data to be corrected.
- ☐ Erasure / Deletion - I want my personal data deleted where legally permitted.
- ☐ Restriction of Processing - I want processing of my data to be restricted where applicable.
- ☐ Data Portability - I want a copy of my data in a portable format.
- ☐ Objection - I object to specific processing of my personal data where applicable.
- ☐ Withdrawal of Consent - I withdraw consent for processing that relies on my consent.
- ☐ Other - Please describe: _____

Section 4: Request Description

Please describe your request clearly. Include dates, departments, system names, visit dates, employee details, or other information that will help us locate the relevant records. Do not include unnecessary sensitive information.

Request description:

Section 5: Identity Verification

The organization will verify identity before processing the request. Complete this section if verification evidence is being attached or presented.

Field	Details
Verification method	☐ Emirates ID ☐ Passport ☐ Employee ID ☐ Corporate email ☐ In-person verification ☐ Other: _____
Identity document/reference submitted	_____
Verification completed by organization representative	[For internal use only] Name: _____ Date: _____
Additional verification required?	[For internal use only] ☐ No ☐ Yes - details: _____

Section 6: Declaration and Signature

I confirm that the information provided in this request is accurate to the best of my knowledge. I understand that the organization may request additional information to verify my identity or authority and may refuse or limit a request where permitted or required by law, clinical obligations, regulatory requirements, or retention obligations.

Requester Name	
Signature	
Date	
For representative requests: I confirm I am authorized to act on behalf of the data subject	☐ Yes ☐ Not applicable

Note: ABNIC will respond to your request within the time limits set by the UAE PDPL (usually within 30 days).

Section 7: Organization Use Only

Field	Internal Record
DSR ID	DSR-YYYY-0001
Date received	
Received by / department	
Logged in DSR Register?	☐ Yes ☐ No
Request category	☐ Access ☐ Rectification ☐ Erasure ☐ Restriction ☐ Portability ☐ Objection ☐ Complaint ☐ Other
Identity verified?	☐ Yes ☐ No ☐ Pending
Assigned owner	
Due date	
Risk/sensitivity	☐ Low ☐ Medium ☐ High
Legal/Compliance review required?	☐ No ☐ Yes
Final decision	☐ Fulfilled ☐ Partially fulfilled ☐ Refused ☐ Withdrawn ☐ Cancelled
Response sent date	
Closed by	
Closure date	
Evidence location	

Submission Contact

Email	
Portal / Website	
Postal / In-person address	
DPO Contact	