

Data Subject Access Request Form

Personal Information Protection Act (PIPA)

Instructions: Use this form to request access, erasure, rectification or blocking of your personal data under the Personal Information Protection Act (PIPA) 2016. Please complete this information as fully and accurately as possible.

Applicant's Information			
Mr. Mrs. Ms. Miss			
Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YYYY)
Mailing Address (including Postcode)			
Work Phone	Home Phone	Cell Phone	
Email Address			

If you are representing or signing on behalf of the Applicant, please complete your details below.

Representative Information			
Mr. Mrs. Ms. Miss			
Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YYYY)
Mailing Address (including Postcode)			
Work Phone	Home Phone	Cell Phone	
Email Address	Relationship to Applicant		

A. Policy, Product or Service Related to the Request			
Health Insurance	Pensions & Annuities	Property, Motor & Casualty	
Marketing	Human Resources	Shareholder Services	
Policy Number (if known)			
(If you have similar or additional requests for other policies, products or service areas, please complete a separate form.)			

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B. Details of the Request (Only select those which apply to the policy, product or service identified above)

Access to Personal Information

Under PIPA, you have the right to access the personal information we hold about you. To help us process your request efficiently, please provide as much detail as possible about the information you need (e.g., specific documents or files).

Describe the specific personal information you are requesting access to:

Specify the time period (e.g., the last 12 months or a specific date range)

From _____ To _____

Rectification

Request a correction or update to any inaccurate or incomplete personal information we hold about you.

Describe the specific personal information you are requesting be rectified or corrected:

Blocking

You may request that we stop, or not begin, to use your personal information:

For advertising, marketing or public relations.

Describe the specific personal information you are requesting be rectified or corrected:

Under circumstances where the use of that personal information is causing or is likely to cause substantial damage or substantial distress to yourself or another individual.

Provide further information regarding the nature of the information and circumstances of damage or distress:

Erasure or Destruction

If the information is no longer needed for its intended purpose, you may request its deletion or destruction. Please note that any lawful basis for processing your information including any legal or contractual obligations may limit our ability to fulfil this request.

Provide as much detail as possible about the personal information you are requesting be erased or destroyed (e.g. specific documents or files containing your information).

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C. Preferred Method of Response

Indicate how you would like to receive your information or response bearing in mind that it may include personally identifiable, sensitive, financial or medical information. All efforts will be made to ensure the confidentiality and security of your information:

By email By postal mail In person Other (please specify):

I hereby authorise _____ to receive these documents on my behalf
(please provide contact details)

Note: We will respond to your request within 45 calendar days from the date of receipt of your request. If your request is complex or involves a large volume of data, we may extend the response time by up to an additional 30 calendar days, or as permitted by the Privacy Commissioner. If any processing fees apply, we will inform you in advance.

D. Submission Instructions

If submitting a hard copy of this form, please include the completed form along with any required identification documents to the attention of:

Attn: Argus Data Privacy Officer
The Argus Building, 14 Wesley Street Hamilton HM11 Bermuda

If by email send to: dpo@argus.bm

E. Identity Verification

To complete your request and ensure that we release personal data only to the correct individual, we shall require a copy of your identification documents and that of any Representative who is acting on your behalf. Without these documents, we will be unable to verify your identity, which may delay the processing of your request.

Please provide the following documentation:

- A colour copy of government-issued identification (e.g., passport, driver's license) of Applicant (and Representative if applicable).
- A colour copy of Proof of address (e.g., utility bill, bank statement) issued within the last three months of Applicant (and Representative if applicable).
- If you are a Representative for the Applicant, please provide a certified copy of the document authorising you to act on the Applicant's behalf where applicable (e.g. Letter of Authorisation, Power of Attorney, Estate Representative - Letter of Administration or Last Will & Testament, Proof of Guardianship, etc.)
- Any additional documents to support your request.

F. Declaration and Consent

By signing this form, you declare that the information provided is accurate and complete to the best of your knowledge. You also consent to the processing of your personal data to fulfill this request in compliance with PIPA.

Signature of Applicant/ Representative

Date (MM/DD/YYYY)

**IF YOU HAVE ANY QUESTIONS ABOUT THIS REQUEST OR REQUIRE FURTHER ASSISTANCE,
CONTACT OUR DATA PRIVACY OFFICER AT DPO@ARGUS.BM.**

For Argus Use Only

Date received	Date responded	Identity verified	Method of response
Handled by		DPO/DPO Liaison	