



General Data Protection Regulation Article 16 – Rectification Right

Dear Customer,

According to the General Data Protection Regulation, Article 16, you're entitled to have your personal data corrected if it's inaccurate or incomplete.

MetLife will respond to your request within 1 month from the day that the request has been received.

Please complete the below fields accordingly and attached the necessary paperwork. Please note that if we don't have the necessary proofs we won't be able to process your request.

1. Your Details

Full name	
Date of Birth	
Current Address	
Telephone number	
Email	
Policy Number	
ID Number	

2. Whose information are you requesting?

<input type="checkbox"/>	My own (Go to question 5)
<input type="checkbox"/>	Someone Else's (go to question 3)

3. If you are requesting someone else's information, whose is it?

Full name	
Current Address	
Telephone number	
Email	

4. What is your relationship to this person? "I am the..."

<input type="checkbox"/>	Mother
<input type="checkbox"/>	Father
<input type="checkbox"/>	Guardian
<input type="checkbox"/>	Legal Representative
<input type="checkbox"/>	Other (please explain below)

5. Proof of ID and entitlement

Documents supplied as proof of your ID

<input type="checkbox"/>	Utility bill (original) - less than 3 months old or Bank statement (original)
<input type="checkbox"/>	Passport or ID
<input type="checkbox"/>	Change of name documents if applicable (certified copy)

6. Proof of entitlement

If you are requesting someone else's information then please proof of entitlement, such as.

<input type="checkbox"/>	Power of attorney or guardianship (original)
<input type="checkbox"/>	Evidence of parental responsibility (original)



7. Format of information. I wish to receive the information:

<input type="checkbox"/>	Electronic format via email
<input type="checkbox"/>	Electronic format - Collect the information in person

Please select the personal information you wish to update and correct:

Personal Information for Individual Policies

#	Personal Information Detail	Select the fields
1	Payor's full name	
2	Payor's date of birth	
3	Payor's mail address	
4	Payor's product coverages	
5	Insured's full name	
6	Insured's date of birth	
7	Insured's product coverages	
8	Dependents' full names	
9	Dependents' birth date	
10	Contact details (phone/mobile/email)	
11	Mail address of Insured/owner	
12	Sex	
13	Beneficiaries names	
14	Insured's product coverages	
15	IBAN #	

Personal Information for Individual Medical & Group PA Policies

#	Personal Information	Select the fields
1	Insured's full name	
2	Insured's date of birth	
3	Dependents' full names	
4	Dependents' date of birth	
5	Mail address of Insured	
6	Sex of Insured	
7	Type of coverages / products	
8	ID#	
9	Insured's Hire date	
10	Beneficiaries full name	

Personal Information for Group Medical & Life Policies

#	Personal Information Detail	Select the fields
1	Insured's full name	
2	Insured's date of birth	
3	Dependents' full names	
4	Dependents' date of birth	
5	Contact details (phone/mobile/email)	
6	Mail address of Insured	
7	Salary	
8	Sex of Insured	
9	Type of coverages / products	
10	IBAN #	
11	ID#	
12	Family status	
13	Insured's Entry's date	
14	Beneficiaries full name	

Disclaimers:

- For all personal data categories, relevant supporting document needs to be submitted with the specific request otherwise we won't be able to process and execute your rectification request.

Signature: _____

Date: _____