

DIRECT MARKETING OPT-OUT FORM FOR
LIBERTY INSURANCE BERHAD

NOTE ON THE DIRECT MARKETING "OPT-OUT" FORM

This form must be completed by the person who currently receives correspondence from Liberty Insurance Berhad.

I withdraw my consent to the use and disclosure of my personal data for receiving marketing material as follows:-

- Please tick the relevant boxes below to indicate the categories, and corresponding medium of communication, of the marketing material for which consent is withdrawn.

1. Information about your organization's products and services, including updates on the latest promotions and new products and services, via the following channels:

- Email
- Text Message
- Phone Call

2. Information sent by your organization on third parties' products and services, such as updates on their latest promotions and their new products and services, via the following channels:

- Email
- Text Message
- Phone Call

3. The use of my contact details by third parties** to send me information on their products and services, via the following channels:

- Email
- Text Message
- Phone Call

**Third parties that our organization has disclosed your personal data to for this purpose will be informed of your withdrawal of consent and your personal data will no longer be disclosed to any third parties by the effective date, being the date of receipt of your direct marketing opt out form.

Should you have any queries in relation to this Direct Marketing "Opt-Out" Form, kindly contact us during office hours (between 9.00 am to 5.00 pm, Monday to Friday, excluding public holidays) at the following contact points:

Telephone: 03 2619 9000 or 1 800 888 990



Liberty
Insurance.

CUSTOMER DETAILS (ALL FIELDS MARKED WITH AN ASTERISK (*) ARE REQUIRED.)							
Full name (as per NRIC)	:						
NRIC (New)	:		(Old)	:			
Business Registration No.	:						
Nationality	:	[<input type="checkbox"/>] Malaysian [<input type="checkbox"/>] Others (Please specify: _____)	Age	:			
Passport No	:						
Gender	:	[<input type="checkbox"/>] Female [<input type="checkbox"/>] Male	Date of Birth	:			
Address	:						
Telephone number	:	House	:		Business	:	
		H/P	:		Fax	:	
E-mail Address (if any)	:			Occupation	:		
Policy Number	:						
Period of Insurance	:	From :	To :				