

## Data Subject Rights Request Form

According to the Data Protection Law DIFC Law No.5 2020, the data subject shall have:

- i. right to withdraw consent;
- ii. right of access to Personal Data;
- iii. right to rectification of inaccurate Personal Data;
- iv. right to erasure of Personal Data;
- v. right to restrict processing;
- vi. right to object to processing;
- vii. right to data portability; and
- viii. right not to be subject to automated decision-making, including profiling

If you wish to make a Subject Access Request, please complete this form carefully and follow the instructions regarding proof of identity and submission. The purpose of this form is to ensure that all necessary information is provided to enable the firm to process your request efficiently.

Typically, no fee is required to access your personal data. However, if your request is unfounded or excessive, the firm may charge a reasonable fee or refuse to comply.

For further information, please visit: <https://www.capitalam.com/en/privacy-policy/>

Please Specify:	<input type="checkbox"/> I am Firm's Employee <input type="checkbox"/> I am Firm's Former Employee <input type="checkbox"/> I am a Firm's Client <input type="checkbox"/> I am a Firm's Former Client <input type="checkbox"/> Other (please specify): _____
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### Section 1 – Details for whom the request applies (Data Subject)

Title		Last Name	First Name
Nationality	Date of Birth		
Place of Birth (Town / City, Country)			
Current Address (not a P.O. Box)			
Email Address	Telephone No		

### Section 2 – Requestor's Details

Are You making this request on behalf of someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered "No," please proceed directly to Section 3. Otherwise, kindly provide the following:	
Title		Last Name	First Name
Current Address (not a P.O. Box)			
Email Address	Telephone No		
Company / Firm			

### Section 3 – Scope of Request

- My Personal Data is incorrect, and it needs to be corrected
- I would like to have information about how my personal data is being processed and the rationale for processing
- I would like a copy of my Personal Data that is being processed
- I wish to contest an automated decision
- I would like to request for my data to be deleted (where applicable)
- Other (please specify): \_\_\_\_\_

#### Please provide further information regarding your request scope:

*Please provide as much detail as possible about the Personal Data you are requesting to help us locate and respond to your request promptly.*

#### Section 4 – Proof of Identity

To verify the Data Subject's identity, please provide colored copies of two forms of identification — one from List A and one from List B below. Do not send original documents.

If you are acting on behalf of the Data Subject, please also provide evidence of your own identity by submitting two forms of identification — one from List A and one from List B below.

List A (one from below)	List B (plus one from below) – dated within the last 3 months
<input type="checkbox"/> Passport	<input type="checkbox"/> Utility Bill showing current home address
<input type="checkbox"/> Emirates ID	<input type="checkbox"/> Bank Statement
<input type="checkbox"/> National Identity Card	<input type="checkbox"/> Other residential identification documents that is customary in the country of residence

#### Section 5 – Provision of Information

Please indicate your preferred format for receiving the requested information in the space below. If no preference is specified, the Firm will provide the information in the format it deems most appropriate.

- Paper: sent via mail
- Electronic: sent via email (email address: \_\_\_\_\_)
- Photocopy / Printout collection from Firm's Office

#### Section 6 – Declaration

I confirm that the information provided in this application is accurate and that I am the individual to whom it relates. I understand that the Firm may need to request additional information from me or my representative to process this request.

I further confirm that I am authorized to make this request.

Print Name		Date of Request	
Company Name (if relevant)			
Signature			

#### Authority to release information to representative

I confirm that I, the Data Subject, consent to the exercise of the rights specified in Section 3 by the requester identified in Section 2, and to the disclosure of the requested information to this party (if applicable). I acknowledge that I am aware of my rights under the Data Protection Law.

Print Name		Date of Request	
Company Name (if relevant)			
Signature			

Please ensure that the form is fully completed and the declaration is duly signed. The completed form, along with all relevant supporting documents, may be submitted by email to [compliance@capitalam.com](mailto:compliance@capitalam.com). Alternatively, you may post or deliver the form and supporting documents to the following address:

Unit 10, Level 4, Al Fattan Currecny House, Tower 1, Dubai International Financial Center, Dubai, United Arab Emirates

Telephone: +971 4 491 0100 / +971 50 234 2443