Under the European General Data Protection Regulation 679/2016 ("GDPR"), and/or the Lebanese Law 81/2018 ("Law 81") and/or the DIFC Law No. 1 of 2007 (the "DIFC Law") (collectively the "Data Protection Laws"), as applicable to your relationship with Bankmed sal or any of its foreign branches (together "Bankmed" or "we"), you, as a data subject, can exercise certain rights in relation to your personal data held by Bankmed as the data controller:

• The right to obtain confirmation from us on whether or not we are processing your personal data, as well as information about the processing purposes, the categories, sources, subject and nature of the processed personal data as well as the identity and categories of third party recipients of the processed personal data and the timing and purpose of their access to said data and any automated decision making and profiling which is being undertaken in respect of such data;

• The right to access your personal data which is processed by Bankmed, including receiving upon request a copy thereof in a structured, understandable, commonly used and machine-readable format;

• The right to correct inaccurate personal data held by us or to complete personal data in our possession (also known as the "right to rectification");

• The right, in certain cases, to request the erasure of your personal data;

• The right, in certain cases, to restrict the processing of your personal data or to block your personal data;

• The right, in certain cases, to receive your personal data in a structured, understandable, commonly used and machine-readable format and, upon request, transmit these data to another data controller (also known as the "right to data portability").

You may exercise any of the above rights only if such right is granted to you and you are eligible to exercise the same under the Data Protection Law(s) applicable to you.

Data Subject Request Form

Under the European General Data Protection Regulation 679/2016 ("GDPR"), and/or the Lebanese Law 81/2018 ("Law 81") and/or the DIFC Law No. 1 of 2007 (the "DIFC Law") (collectively the "Data Protection Laws"), as applicable to your relationship with Bankmed sal or any of its foreign branches (together "Bankmed" or "we"), you, as a data subject, can exercise certain rights in relation to your personal data held by Bankmed as the data controller:

• The right to obtain confirmation from us on whether or not we are processing your personal data, as well as information about the processing purposes, the categories, sources, subject and nature of the processed personal data as well as the identity and categories of third party recipients of the processed personal data and the timing and purpose of their access to said data and any automated decision making and profiling which is being undertaken in respect of such data;

• The right to access your personal data which is processed by Bankmed, including receiving upon request a copy thereof in a structured, understandable, commonly used and machine-readable format;

• The right to correct inaccurate personal data held by us or to complete personal data in our possession (also known as the "right to rectification");

• The right, in certain cases, to request the erasure of your personal data;

• The right, in certain cases, to restrict the processing of your personal data or to block your personal data;

• The right, in certain cases, to receive your personal data in a structured, understandable, commonly used and machine-readable format and, upon request, transmit these data to another data controller (also known as the "right to data portability").
If you wish to exercise any of the above rights, please submit your request using one of the following means:

1. Complete a hard copy of this form, sign it and return it to us with the information requested:
   a. By registered mail addressed to Bankmed’s Data Protection Officer at Bankmed Center, 482 Clemenceau Street, P.O. Box: 11-348 Riad El-Solh, Beirut, Lebanon;
   b. By email at dpo@bankmed.com.lb or, for Bankmed’s Iraq branches, at dpo@bankmed.iq; or
   c. By visiting your Bankmed branch.

2. Complete this form and upload it electronically with the information requested through the dedicated sections of our websites or online applications, if any.

We will only start processing your request once we receive a fully completed request form and proof of your identity.

We will not be able to respond to your request unless we are able to confirm your identity. To help us establish proof of identity, your form must be accompanied by copies of two (2) official documents which, together, clearly show the name, date of birth and current address. Examples include ID, passport and a recent utility bill (not older than six (6) months).

**DETAILS OF DATA SUBJECT TO WHICH THE REQUEST RELATES**

<table>
<thead>
<tr>
<th>Labels</th>
<th>Arabic Labels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>اللقب:</td>
</tr>
<tr>
<td>Mr.</td>
<td>سيد</td>
</tr>
<tr>
<td>Mrs.</td>
<td>سيدة</td>
</tr>
<tr>
<td>Ms.</td>
<td>السيدة</td>
</tr>
<tr>
<td>Other</td>
<td>لقب آخر</td>
</tr>
<tr>
<td>Surname/ Family Name:</td>
<td>الاسم:</td>
</tr>
<tr>
<td>First Name:</td>
<td>الاسم الأول:</td>
</tr>
<tr>
<td>Mother’s Maiden Name:</td>
<td>اسم الام:</td>
</tr>
<tr>
<td>Any other names the data subject is known by:</td>
<td>اسماء أخرى يُعرف بها صاحب البيانات:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>تاريخ الولادة:</td>
</tr>
</tbody>
</table>
Address:

P.O. BOX:

Previous Addresses:

Telephone Number(s):
Mobile number:

Email:

Account ID number at Bankmed (if any):

PROOF OF IDENTITY

The following documents are enclosed to this request as proof of identity:

- [ ] ID
- [ ] Passport
- [ ] Other

INFORMATION REQUESTED

Please tick the box(es) related to the right(s) which you wish to exercise.

To help us process your request quickly and efficiently, please provide as much details as possible about the rights you wish to exercise.

RIGHT OF CONFIRMATION REGARDING THE PROCESSING OF YOUR PERSONAL DATA

If you wish to obtain information other than a simple confirmation that your personal data is being processed, please include the requested information.

RIGHT OF ACCESS

If possible, please include time frames, dates, names or types of documents, any file reference and any other information that may enable us to locate the personal data you seek.
**RIGHT TO RECTIFICATION**

Please indicate the personal data which you consider inaccurate or outdated and provide us with the correct or updated data. Alternatively, if you consider that your personal data in our possession is incomplete, please provide any supplementary information with this request. Also, please enclose to this request all supporting documents evidencing the corrected, updated data or supplementary data, failing which we may not be able to process your request in full.

**RIGHT TO ERASURE**

Please indicate the personal data you wish to be erased or confirm if you wish Bankmed to erase all your personal data it holds. If possible, please provide the reasons why you wish your personal data to be erased.

**RIGHT TO RESTRICTION**

Please provide details of the personal data you wish us to restrict from processing and, if possible, provide the reasons why you wish our processing of your personal data to be restricted.

**RIGHT TO BLOCK**

Please provide details of the personal data you wish us to block and, if possible, provide the reasons why you wish to block your personal data.
RIGHT TO OBJECT

Please provide details in relation to the type of processing you are objecting to and, if possible, the reasons for your objection.

RIGHT TO DATA PORTABILITY

Please indicate the personal data you wish to receive and the format in which you wish to receive them. Additionally, please indicate whether you wish to obtain the personal data yourself or whether you would like us to transmit your personal data to another data controller. If the latter is the case, please provide the contact details of the data controller who will receive the personal data. Please note that we will only be able to directly transmit your personal data to another controller where this is technically feasible. Upon transmitting your personal data directly to a third party based on your request, Bankmed shall not be responsible for any subsequent processing carried out by that third party.

HOW WOULD YOU LIKE TO RECEIVE THE INFORMATION?

Please indicate whether you wish to:

- Receive the information electronically (to the email address provided above)
- Receive the information by post*
- Collect the information in person
- View a copy of the information at our premises

*Please be aware that if you wish us to post the information to you, we will take every care to ensure that it is addressed correctly. However, we cannot be held liable if the information is lost in the post or incorrectly delivered or opened by someone else in the premises where it is delivered.

You may not be able to exercise all of the rights listed in this form. Where such a right is restricted due to your particular situation or where we require additional information, you may not be able to exercise the right in full.
documents supporting your request, we will notify you accordingly. If you wish to find out more details in relation to the extent to which you can exercise your rights, please refer to our Privacy Notice which can be found on our website.

DATA SUBJECT DECLARATION:

I, _________________________________, certify that the information provided in this form is true and that I am the person to whom it relates. I understand that Bankmed is obliged to confirm proof of identity and that it may be necessary to contact me again for further information in order to process this request. I also understand that this request will not be valid until all of the information requested is received.

Signature:

Date: