

To:

[Insert name of Contact person]

REQUEST FOR WITHDRAWAL OF CONSENT

In accordance with my rights under the Data Protection Legislation, I am notifying you of my intention to withdraw my consent in respect of my personal data given or deemed to have been given by me.

(PLEASE USE BLOCK CAPITALS)

Name:	_____		
Address:	_____ _____		
Contact No:	_____	E-mail:	_____
Signature:	_____	Date:	_____

Details of Withdrawal

I request withdrawal of my consent relating to the following personal data and/or purpose:

For Official Use:

Processed by:	Approved by:
Designation:	Designation:
Signature:	Signature:
Date: <u> </u>	Date:
Proof of Identity Confirmed	Remarks: