

**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: _____ _____ _____ _____
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<b>For Official Use:</b>	
Processed by: .....	Approved by: .....
Designation: .....	Designation: .....
Signature: .....	Signature: .....
Date: .....	Date: .....
Proof of Identity Confirmed	Remarks: .....