



WITHDRAWAL OF CONSENT FORM

Personal Particulars of Requestor:

Name: _____

Date of Request: _____

Passport/ NRIC/ FIN: _____

Contact Number: _____

Company Name: _____

Your request will be treated as a full withdrawal of your consent concerning your personal data (i.e. for its collection, use and disclosure). Please indicate clearly in the form if you only requested for partial withdrawal of consent by checking the appropriate box below:

You wish to withdraw consent for us to:

Collect; and

Use; and

Disclose,

any of your data.

****Please submit the completed form by email to dpo@showadenkohd.com***

Received by (DPO): _____

Date: _____

Forwarded to: _____

For Administering Department: _____

Acknowledged by: _____

Date: _____