PERSONAL DATA CONSENT WITHDRAWAL REQUEST FORM

Note to Requestor

1. The provision of personal data is optional, however, if you do not provide sufficient data, we may not be able to process your request.
2. If the request is made by an individual other than the data subject, please also submit the following documents:
(a) an authorised letter signed by the data subject; and
(b) proof of identity of the data subject e.g. copy of IC, driver's license, birth certicate.
3. Data subject means an individual who is the subject of the personal data.
4. You maybe asked to provide additional information to help us process your request.
5. Requests for consent withdrawal or re-instatement shall be effective after 30 calendar days upon your notification

PLEASE COMPLETE IN BLOCK LETTERS

A. Details of Requestor for Verification Purposes	
Full Name	
NRIC No. / Passport No. / FIN No.	
Contact No. *Note: We may contact you regarding your request*	
Employee No. (in ACR) - *if applicable*	

B. Details of Data Subject	
Full Name	
NRIC No. / Passport No. / FIN No.	
Employee No. (in ACR) - *if applicable*	

C. Details of Request

Please specify the areas of withdrawal of consent in the use of your personal data.

D. Declaration of Requestor

I hereby declare and confirm that all information and supporting documents provided by me in connection with this Withdrawal Request are true, accurate and complete. I understand that it will be necessary for ACR to verify my identity and that ACR may contact me for more detailed information in order to process my request and I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of this Request.

Signature / Date	

E. For Internal Use

Application Reference Number	
Received by / Date	
Referred to / Date	
Fees to be charged Date of Completion of Request	
Request Outcome	

Remarks