

Request to Withdraw Consent

Please note that you may only request to withdraw consent for use and disclosure of your personal data that is held by _____ [name of Company] (the "Company").

We will respond to your request within 10 working days from the date of receipt of your request. Should we require more time to give effect to your request, we will inform you of the time frame by which the withdrawal of consent will take effect. Please note that pursuant to the Personal Data Protection Act 2012 (No. 26 of 2012 of Singapore), we may continue to use and/or disclose your personal data under certain limited circumstances.

Please provide the following information and return the completed form by mail or email to:
190 Middle Road #14-05, Singapore 188979 or dpo@smartunion.com.sg

Name: _____

Email: _____ Contact number: _____

Address: _____

Details of withdrawal of consent (e.g. type of personal data, the date on which and circumstances under which the Company may have collected such data, and the specific purpose(s) for which consent is to be withdrawn):

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We may ask you further questions, and/or request that you provide evidence, to verify your identity (and if you are submitting this request on behalf of another person, the identity of that person). If you are submitting this request on behalf of another person, please also provide written authorisation.

Confirmation

I confirm that this request relates to my own personal data and warrant that where I am submitting this request on behalf of another person, I am authorised by such person to submit such request and to provide his/her information for such purposes. I will indemnify the Company and its subsidiaries, related corporations, associated companies and affiliates in respect of any penalties, liabilities, claims, demands, losses and damages as a result of breach of this warranty.

I declare that the information provided in and with this request are true in every respect, and agree that such information may be collected, used and disclosed by the Company and its subsidiaries, related corporations, associated companies and affiliates for the purpose of processing this request and/or in accordance with its data protection policy.

I acknowledge that I am fully aware of the possible consequences of such withdrawal of consent, which may include the inability of the Company to render existing services and manage the employment relationship.

Signature: _____

Date: _____

For official use	
Received by:	Date:
Processed by:	Date: