

**REQUEST FORM FOR WITHDRAWAL OF CONSENT TO COLLECTION, USE AND DISCLOSURE OF
PERSONAL DATA**

1. Please identify yourself

Part I: Particulars of the Individual that the Personal Data Relates to (the "Data Subject")	
TITLE and NAME (Please underline surname) *Mr / Mrs / Miss / Ms / Other (please specify)	
TELEPHONE NUMBER	EMAIL ADDRESS
ADDRESS	
PLEASE DESCRIBE THE NATURE OF YOUR REQUEST (To help us respond to your request quickly, please provide as much detail as possible about the consent(s) you wish to revoke. If possible, restrict your request to a particular service or product offering, department, personnel, incident or subject-matter.)	
DATE OF REQUEST	

Part II: Particulars of the Individual Acting on Behalf of the Data Subject

ARE YOU ACTING ON YOUR OWN BEHALF? (Please check the appropriate box)

Yes Skip the rest of Part II

No Please complete the rest of Part II

RELATIONSHIP WITH THE SUBJECT (Please state the capacity in which you are acting on behalf of the Data Subject)

AUTHORISATION (Please indicate what authorisation you have to act on behalf of the Data Subject e.g., power of attorney.)

TITLE and NAME

(Please underline surname)

* Mr / Mrs / Miss / Ms / Other (please specify)

TELEPHONE NUMBER

EMAIL ADDRESS

ADDRESS

* Please delete accordingly.