Consent Withdrawal Form



A. Your Details	
Name:	Surname :
Former surname or maiden name (where applicable) :	
ID Card/Passport no.:	
Address:	
Telephone :	Email :
B. Request to withdraw the following consent(s)):
Personalized Offers Consent (If you withdraw this consent, you will still re needs and interests).	eceive marketing offers but they will not be personalized to suit your
Online Marketing Consent (If you withdraw this consent, we will not shar online advertising targeting you).	are your personal data to any social media service provider to conduct
Biometric Data Consent (If you withdraw this consent, we will not use	your biometric data in any future transaction).
Third Parties Disclosure Consent (If you withdraw this consent, we will not share)	are your personal data with third parties for their marketing purposes).
All third parties	
Specific third parties, please specify	
C. Signature	
I certify that I am the person named on this form a	and that all information provided herein is true, complete, and accurate.
Signature :	Date :
Remark We will register your withdrawal request in the sy and the supporting documents.	stem no later than 10 days from the date we receive a completed form
D. Proof of IdentityPlease provide a certified copy of the following:ID card/ Passport	
<u>i</u>	For Internal Use Only

