

WITHDRAWAL OF CONSENT REQUEST FORM

I. APPLICATION TO WITHDRAW CONSENT	
<p>1. Under the Personal Data Protection Act 2012 (“PDPA”), you are entitled to withdraw consent you have given to us in respect of the collection, use or disclosure by us of the personal data about you for any purpose.</p> <p>2. Please complete this form and submit it to PDPA_DPO@awwa.org.sg.</p>	
II. PARTICULARS OF REQUESTOR	
Section A	
Name of requestor (Full name):	Name of requestor’s NRIC (last 4 digits):
Contact number:	Email address:
Relationship to the person stated in <u>Section B</u> (“Client”) where relevant:	
<p>Please check the applicable box. You may select more than one:</p> <p><input type="checkbox"/> I am a donor</p> <p><input type="checkbox"/> I am a volunteer</p> <p><input type="checkbox"/> I am a client. Please indicate details in <u>Section B</u>.</p> <p><input type="checkbox"/> I am a caregiver/guardian of a client (Please indicate the client’s details in Section B)</p>	
Section B	
Name of Client (Full name):	Name of Client’s NRIC/BC (last 4 digits):
Name of programme/service:	Location of centre :
Contact number:	Email address:
<p>Please check the applicable box(es):</p> <p><input type="checkbox"/> I am making a Withdrawal of consent request in respect of my own personal data. If you are making a request to withdraw consent for collection, use or disclosure of your own personal data, please provide a copy of your NRIC /passport.</p> <p><input type="checkbox"/> I am making a Withdrawal of consent request on behalf of the Client (s). If you are making a request on behalf of someone else e.g. the child, please provide copies of both the Client’s NRIC or birth certificate and your own NRIC/passport.</p>	

III. DESCRIPTION OF THE PERSONAL DATA TO BE WITHDRAWN

To enable us to process your request quickly and efficiently, please provide us with as much information as possible about the activities where you wish to withdraw your consent.

IV. DECLARATION

By submitting this form, I confirm that the information stated above is true, complete and accurate to the best of my knowledge and belief. A proof of identity and/or authorization letter has been enclosed.

<hr/> Name & Signature	<hr/> Date (DD/MM/YYYY)
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Additional Notes:

- AWWA will endeavor to respond to your request within 10 business days of receipt of this completed form. Should we not be able to respond to your request within this time, we shall inform you accordingly and will generally provide the reasons for the delay and the expected time required (except where we are not required to do so under the PDPA).
- Whilst we respect your decision to withdraw your consent, please note that depending on the nature and scope of your request, we may not be in a position to continue providing our services (where applicable) to you or the Client.
- Please note that withdrawing your consent does not affect our right to continue to collect, use and disclose personal data where such collection, use, and disclosure without consent is permitted or required under applicable laws and regulations.
- In order to process your request, we may require further identification or documentation for verification purposes. Rest assured that any additional information, including Personal Data, will be deleted once the request has been completed.