WITHDRAWAL OF CONSENT FORM

I. APPLICATION FOR WITHDRAWAL OF CONSENT FOR THE PROCESSING OF PERSONAL DATA

1. Under the Personal Data Protection Act (PDPA), you are entitled to withdraw your consent for the processing of your personal data by HomeTeamNS.
2. We do not normally charge for this service, but if we need to, we will contact you first. Upon receiving your completed Request Form, we may require further identification or documentation to verify your identity before we process your request.
3. Please complete page 1 of this form and submit it to dpo@hometeamns.sg.
4. There may be legal or other consequences of this withdrawal of consent. We will inform you of such consequences.
5. Your request shall be processed within 30 days, where practicable. However, if we need further information to process your request, this time may be extended, and we will notify you.
6. Upon effect of the withdrawal, we shall cease to collect, use or disclose your personal data unless such collection, use and disclosure, without your consent, is required or authorised under the PDPA or applicable laws.

II. PARTICULARS OF REQUESTOR

Name (as per NRIC)	
Mobile	Email:

III. DETAILS OF WITHDRAWAL REQUEST

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provide us with as much information as possible about the processing activities where you wish your consent to be withdrawn.

IV. AUTHORISATION AND DECLARATION

By submitting this form, I declare that the information provided is accurate and complete to the best of my knowledge. I understand that HomeTeamNS may contact me for further proof of identity or additional information if necessary to process my request.

_____
Signature

/   /
d d / m m / y y y y
Date

V. FOR OFFICIAL USE

☐ I have verified the requester's identity, and he/she is submitting the request for his/her personal data.

☐ I have verified the requester's identity, and he/she is the parent/legal guardian of the individual (whose data is required) or have delegated authority from the individual (whose data is required).

Method of verification: _____

Verified by: _____

Designation: _____

_____ Signature	/ / _____ d d / m m / y y y y Date

SGS   SOCOTEC   ISO 45001   Accredited Certification SAC Body   bizSAFE STAR

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