

Withdrawal Form

I,
(full name as per NRIC I Passport) holder of (NRIC I Passport No.....)

Email:

Contact No:

Address:.....

hereby notify you that I would like to withdraw refuse to give my consent for you to process* my personal data.

Notwithstanding the withdrawal/refusal of my consent, I acknowledge that my personal data can be processed without my consent for the performance of the Purposes as stated in the notice or as required by law or governmental or regulatory authorities.

By signing this form, I confirm my instruction as above is correct as at the date of this form.

.....
Signature

.....
Date

Please return this form to:-

PDPA Partner
Albar & Partners
Advocates & Solicitors
Suite 14-3, Level 14,
Wisma UOA Damansara II,
No. 6 Changkat Semantan,
Damansara Heights, 50490
Kuala Lumpur

* Process means collecting, recording, holding or storing your personal data .