

# HealthServe Limited (“HealthServe”)

## WITHDRAWAL OF CONSENT REQUEST FORM

### I. APPLICATION TO WITHDRAW CONSENT

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.
2. Please complete this form and submit it to **DPO@healthserve.org.sg**:

### II. PARTICULARS OF REQUESTOR

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, driver’s license or work pass/permit. If you are making a request on behalf of someone else, please provide a letter of authorization from that person and copies of both your and the other person’s NRIC, passport, driver’s license or work pass/permit.

**Name of requestor:**

**Contact number:**

**Email address:**

**Please check the applicable box(es):**

- I am making a Withdraw of consent request for my own personal data
- I am making a Withdraw of consent request on behalf of other individual(s)

Please complete this section if you are making an access request on behalf of other individual(s)

**Name of other individual(s) whom you are making a correction request on behalf of:**

**Contact number:**

**Email address:**

### III. DESCRIPTION OF THE PERSONAL DATA TO BE CORRECTED

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/> <p style="text-align: center;"><b>Name &amp; Signature</b></p>	<hr/> <p style="text-align: center;"><b>Date (DD/MM/YYYY)</b></p>
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**Additional Notes:**

- HealthServe will endeavor to respond to your request within 10 business days. 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 goods or services to you including, but not limited to, the medical care and services you would receive from HealthServe.
- Please note that withdrawing consent does not affect our right to continue to collect, use and disclose personal data where such collection, use and disclose without consent is permitted or required under applicable laws.

# HealthServe Limited (“HealthServe”) WITHDRAWAL OF CONSENT ACKNOWLEDGEMENT FORM

## ACKNOWLEDGEMENT OF PERSONAL DATA CONSENT WITHDRAWAL REQUEST

<b>Reference Number:</b>
<b>Name of Recipient:</b>
<b>Contact Details:</b>

No	Activity where consent is Withdrawal	Date Withdrawn
1		
2		
3		
4		
5		

<hr style="width: 80%; margin: 0 auto;"/> <p><b>Signature of Recipient</b></p>	<hr style="width: 80%; margin: 0 auto;"/> <p><b>Date (DD/MM/YYYY)</b></p>
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For Internal Use Only	
<b>Staff handling access request:</b>	
<b>Signature:</b>	<b>Date of completion of request:</b>