

**FORM : WITHDRAWAL OF CONSENT**

**WITHDRAWAL OF CONSENT RELATING TO THE PROCESSING OF PERSONAL INFORMATION IN TERMS OF SECTION 11(2)(b) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018**

*Note:*

1. *Affidavits or other documentary evidence as applicable in support of the withdrawal may be attached.*
2. *If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*
3. *Complete as is applicable.*

<b>A</b>	<b>DETAILS OF DATA SUBJECT</b>
Name(s) and surname / registered name of data subject:	
Unique Identifier / Identity Number:	
Residential, postal or business address:	_____ _____ _____ Code ( _____ )
Contact number(s):	
Fax number / E-mail address:	
<b>B</b>	<b>DETAILS OF RESPONSIBLE PARTY</b>
Name(s) and surname / Registered name of responsible party:	
Residential, postal or business address:	_____ _____ _____ Code ( _____ )
Contact number(s):	
Fax number / E-mail address:	
<b>C</b>	<b>DESCRIPTION OF INFORMATION RELATING TO WITHDRAWAL OF CONSENT IN TERMS OF SECTION 11(2)(b)</b>
NOTE: IF CONSENT IS WITHDRAWN IN CERTAIN ASPECTS THE RESPONSIBLE PARTY MAY NOT BE ABLE TO CONTINUE ASSISTING OR DEALING WITH YOU AS THE DATA SUBJECT	

Signed at ..... on this ..... day of ..... 20.....

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*Signature of data subject / designated person*