



DATA SUBJECT CONSENT WITHDRAWAL FORM

This document is to confirm that you wish to withdraw consent that you have previously given Netscribes (India) Private Limited to process your personal data.

Note to Requestor

1. The provision of personal data is optional, however, if you do not provide sufficient data, we may not be able to process your request.
2. If the request is made by an individual other than the data subject, please also submit the following documents: (a) an authorised letter signed by the data subject; and (b) proof of identity of the data subject e.g. copy of IC, driver's license, birth certificate.
3. Data subject means an individual who is the subject of the personal data.
4. You may be asked to provide additional information to help us process your request.
5. Requests for consent withdrawal or re-instatement shall be effective after 30 calendar days upon your notification

PLEASE COMPLETE IN BLOCK LETTERS

A. Details of Requestor for Verification Purposes

Full Name: _____

Contact No.: _____

Note: We may contact you regarding your request

Passport No./ License, Birth Certificate etc. _____

B. Details of Data Subject

Full Name: _____

Contact No.: _____

Note: We may contact you regarding your request

Passport No./ License, Birth Certificate etc: _____

C. Details of Request

I, [data subject name and email id (auto fill from section B)], would like to withdraw my consent to process my personal data by Netscribes (India) Private Limited.

Please specify the areas of withdrawal of consent in the use of your personal data.

Thus, Netscribes (India) Private Limited no longer has my consent to process my personal data for the purpose of consent provided, which was previously granted using the “DATA SUBJECT CONSENT FORM”

The withdrawal of consent does not affect the lawfulness of the processing activities up to this point.

Please check this checkbox to confirm withdrawal of consent

Please now either post this to us or scan and send it to us – thank you

MAILING ADDRESS

Data Protection Officer
Netscribes (India) Private Limited,
Office No. 504, 5th Floor,
Lodha Supremus, Senapati Bapat Marg,
Lower Parel, Mumbai 400 013, Maharashtra, India.

EMAIL ID

privacy@netscribes.com

D. Declaration of Requestor

Full Name: _____

I hereby declare and confirm that all information and supporting documents provided by me in connection with this Withdrawal Request are true, accurate and complete. I understand that it will be necessary for Netscribes to verify my identity and that Netscribes may contact me for more detailed information in order to process my request and I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of this Request.

Date: _____