

PERSONAL DATA PROTECTION CONSENT WITHDRAWAL REQUEST FORM

1. APPLICATION TO WITHDRAW CONSENT OF PERSONAL DATA

(a) To process this withdrawal request, the information in this form may need to be shared with third parties (eg: service providers to Wine Culture) or companies affiliated to Wine Culture .
(b) Your request will be treated as a full withdrawal of your consent concerning your personal data (i.e. for its collection, use and disclosure). Please indicate clearly in the form if you only requested for partial withdrawal of consent
(c) We will respond to your request for correction within 30 days. If we are unable to fulfill your correction request within 30 days after receiving the request, we will inform you in writing of the time in which we are able to fulfill the request.
I wish to withdraw my consent to the use and disclosure of my personal data for receiving marketing materials.
I wish to partially withdraw my consent to the use and disclosure of my personal data for receiving marketing materials Details:
2. PERSONAL PARTICULARS OF REQUESTOR To be filled up by Requestor or Authorised Representative of Requestor
Please check the applicable box(es):
I am making a withdrawal request for my own personal data
I am making a withdrawal request on behalf of another individual
Title: Mr / Mrs / Miss / Other (Please circle)
Full Name:
NRIC / Passport No:
Residential Address:
Contact Number:
Email Address:
Signature & Date:

- * Please attach a copy of NRIC or Passport for verification purposes.
- * If you are making a request on behalf on someone, please fill in their personal details along with a copy of their NRIC and a valid power of attorney authorising you to make this correction request.

3. JUSTIFICATION OF WITHDRAWAL REQUEST

To be filled up by Requestor or Authorised Representative of Requestor

To enable us to process your withdrawal request quickly and efficiently, please justify with a personal statement the reason for your withdrawal request:				
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DECLARATION				
l,	, (١	, (NRIC/Passport No) hereby declare and		
confirm that all inform	ation provided by me in connec	tion with this Withdrawal Reques	t is true, accurate and	
complete. I agree that	: Wine Culture Pte Ltd may conta	act me to verify my identity or red	quest for additional details.	
Name:		Signature:		
Date:				
The Data Protection Office 1 Chang Charn Road #04-04, OC Building Singapore 159630 or email as a PDF format	to lorraine.huang@wineculture.c			
RECEIVED BY:	CONTACT:	SIGNATURE:	DATE:	
VERIFIED BY:	CONTACT:	SIGNATURE:	DATE:	
REMARKS:		I		