**Withdrawal of Consent**

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| **Notes:**   1. Please send this completed form: 2. by email to [dpo@sma.org.sg](mailto:dpo@sma.org.sg) with the subject “**Withdrawal of Consent**” or 3. by post to **The Data Protection Officer** Singapore Medical Association 2 College Road Level 2, Alumni Medical Centre Singapore 169850 |  |

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| **Withdrawal of Consent for the use of Personal Data**   * I wish to withdraw consent to the collection, use and disclosure of my personal data under possession of SMA and its respective advertising partners.\* * I wish to withdraw consent to the collection, use and disclosure of my personal data under possession of SMA for work done for Medical Protection Society (MPS) UK.\*   I understand that SMA’s ability in providing certain services will be affected. I understand that notwithstanding my withdrawal of consent as above, I will still be able to receive from SMA information, reminders or notices pertaining to my membership account and/or other information that are necessary for SMA to communicate with me with regards to the servicing of the account. |

\*Your SMA account information is mutually exclusive from MPS UK account information.

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