

To: The Data Protection Officer
c/o Corporate Services Dept.
Care Corner Singapore Ltd
8 New Industrial Road #06-03
Singapore 536200
Email: dpo@carecorner.org.sg
Fax: 62886833 / Tel: 62506813

REQUEST TO WITHDRAW PERSONAL DATA FORM

I _____ wish to request for my Personal Data (the details of which is) stated below to be withdrawn.

a) The Care Corner centre(s) in which I have previously provided my Personal Data to: _____

b) Personal Data to be removed:

c) Reason for Request:

NOTE:

1. You may withdraw your Personal Data that had been given to our Centre(s) by completing the above Form and submitting it back to us through the Email or Fax number shown at the top left of the Form.
2. As our centre(s) relies on your Personal Data to provide the relevant full range of services to you, withdrawing your Personal Data (or any key information you have provided to us) may affect our ability to deliver the full scope of our services and may be considered a termination of any contractual relationship which you may have with us.

d) My Contact Number for the purpose in which the Management may contact me for further clarification:

Mobile: _____

Tel: _____

Name in Full

NRIC. No. (optional)