

PDPA Withdrawal of Consent Form

My Details

Salutation: Dr Mr Mrs Ms Mdm

Name (as per NRIC):

NRIC:

Vehicle Registration Number:

Contact Number:

Withdrawal of Consent

**Tick where appropriate*

I would like to withdraw my consent to the use of my personal data as set out in ABWIN Privacy Policy.

I do not wish to receive any promotional information through the following means:

Phone Call

SMS / MMS

Fax

Authorisation & Agreement

By signing below:

- I agree that all information is true, accurate and complete.
- I shall allow ABWIN to contact me for any verification purposes in order to process this request.
- ABWIN still retains the right to contact me or use my personal data for purposes related to my latest dealing(s) with the company so as to fulfil certain service obligations.

Authorised Signature

Date