## Withdrawal of Consent Form



INSTRUCTIONS			
Please scan and email the completed for	m wit	th all	the required fields (*) to dpo@isca.org.sg.
REQUESTOR DETAILS			
I hereby submit notice to withdraw cons Singapore telephone number provided.	ent fr	om r	eceiving marketing messages from ISCA on the
Full Name (As per NRIC/Passport):*			
NRIC (For verification purposes):*			
Email Address:*			
Singapore Contact Number:*			
(Indicate a "X" where applicable)	[	]	Withdraw from Voice Calls
	[	]	Withdraw from Text Messages
	[	]	Withdraw from Fax Messages
Important Points to Note:			
1. Please allow up to 30 working days for	r us to	prod	cess your withdrawal request.
2. We may contact you on your withdraw	wal re	quest	t and to inform you on the withdrawal status.
3. The information collected from your V purpose of completing your request.	Vithdi	rawal	Of Consent request will be used solely for the
withdrawn communication channel(s). Ye through these withdrawn channel(s) to $\iota$	ou wi update venue	II con e you e, sta	nue sending marketing messages to you through the tinue to receive non-marketing messages from ISCA on your existing programmes, registered CPE tus), membership and/or institute wide matters for t number).
Signature:*			Date:*