

Request for withdrawal of consent for use or disclosure of personal data (Public)

| Request for withdrawal of consent for use or disclosure of personal data (Public) | |
|---|---|
| A. Details of requestor | |
| Full Name | |
| Contact No. / Email Address Note: We may contact you regarding your request | |
| B. Other information | |
| We require verifying your identity before we can disclose the personal data. Please provide a copy of your Aadhaar Number / Passport / Driving License / Work Permit / Employment Pass for sighting and verification. | |
| B. Details of request | |
| I wish to withdraw my consent for the use or disclosure of my personal data for the purposes of | |
| | |
| D. Declaration of requestor | |
| I confirm that I have read and understood the consequences that would apply upon withdrawing consent. | |
| Signature / Date | |
| Note: We may contact you if more information is required to process your request. We will respond to your request within 30 days. | |
| E. To be completed by NCS employee: | |
| Application Reference Number | |
| For Confirmation | |
| Refer to "Consent withdrawal for collection, use and | disclosure of personal data (Public)" process |
| Name / Designation | |
| Department | |
| Request outcome | Confirmed Individual retracted request after explanation of consequences |
| Signature / Date | |
| For Completion of Request | |
| Name / Designation | |
| Date of request completion | |
| Signature | |

