

PERSONAL DATA PROTECTION ACT 2012 (No. 26 of 2012)

Withdrawal of Consent Request Form

Notes for Applicants

1. Under the Personal Data Protection Act of Singapore, an individual is entitled to withdraw any consent given, or deemed to have been given, in respect of the collection, use or disclosure by that organisation of personal data about the individual for any purpose.
2. The request must be in writing using this form or email to Data Protection Officer via dp@hcis.edu.sg.
3. The request must be accompanied by any necessary information/documentation to identify the requestor (NRIC / FIN / Passport, Student ID card, proof of identity) and to locate the record of Personal Data for which consent is withdrawn.
4. Hwa Chong International School ("HCIS"), will comply with the *Withdrawal of Consent Request* within 30 days of receiving the request, or receiving the information referred above, whichever event occurs first.
5. Notwithstanding such withdrawal of consent, HCIS may continue to collect, use or disclose data without the consent of the individual if it is required or authorized under the Personal Data Protection Act or any other written law.
6. Please complete the following form and sign the accompanying declaration and submit with proof of identity, to the Data Protection Officer at the address given below.
7. Please note that when you withdraw your consent to any collection, use and/or disclosure of your personal data, it may affect the services provided by HCIS to you when such consent is regarded as a condition of providing services from Hwa Chong International School.

A. Particulars of Requester

- * **Full Name** : _____
- * **Contact Number** : _____
- * **Email Address** : _____
- * **Date of Birth** : _____

B. Information for Verification Purpose

*** What is your relationship with HCIS? (Please Circle one of these)**

<input type="checkbox"/>	HCIS Student	<input type="checkbox"/>	HCIS Staff	<input type="checkbox"/>	HCIS Parent
<input type="checkbox"/>	HCIS Alumni	<input type="checkbox"/>	Former HCIS Staff	<input type="checkbox"/>	Former HCIS Parent
<input type="checkbox"/>	Student Applicant	<input type="checkbox"/>	Job Applicant	<input type="checkbox"/>	Vendor
<input type="checkbox"/>	For others, please specify:				

Please provide the relevant information about yourself.

HCIS Student / Staff ID : _____

Any other information to identify you: _____

(E.g. any other programme(s)/, alternate email address, alternative contact number)

C. Your Request

Please provide the following information to enable us to respond to your request

1	A detailed description of the personal data for which you are withdrawing consent	
2	Name of the Officer/staff of HCIS and his/her department by whom your Personal Data was collected	
3	When did you submit your Personal Data to HCIS and for what Purpose(s)	
4	Details of your request for withdrawal of consent for collection, use and/or disclosure (please specify) of Personal Data	
5	Reasons for withdrawal of consent	

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Declaration

I, NRIC/FIN/Passport No, certify that the information given on this Withdrawal of Consent application form to the Hwa Chong International School ("HCIS") is correct. I understand that I will have to provide proof of my identity (either my NRIC/FIN or Passport). I understand that it may be necessary for HCIS to obtain more detailed information in order to locate the correct information. I am aware that referees and third parties may be contacted in cases where the disclosure of confidential references and other third-party information supplied in confidence is concerned.

Signature	
Date	

Please return the completed form to the Data Protection Officer:-

Email address: dp@hcis.edu.sg.

Postal address: The Data Protection Officer, 663 Bukit Timah Road, Singapore 269783.

Documents which must accompany your application are:-

- i. Evidence of your identity (NRIC/FIN/Passport, School ID card, proof of identity)

Office Use Only

Name of the Officer handling: _____

Remarks:

Signature: _____

Date: _____