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 organization of personal data about the individual for any purpose.
2. The request must be in writing.
3. InVivos Pte Ltd will comply with the request for withdrawal of consent within 30 days of receiving the request. In the event we need more time to verify and fulfil the request, we shall inform you of the additional time needed via the contact information provided in this Request Form.
4. Notwithstanding such withdrawal of consent, InVivos may continue to use, 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.
5. Please note that InVivos may charge you a fee for the withdrawal, if required.
6. Please complete the following form and sign the accompanying declaration to the Data Protection Officer at dpo@invivos.com.sg.
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 InVivos to you when such consent is regarded as a condition of providing services.

A. The Requesting Party's Details

Full Name	
Email	

B. Your Status/Relationship with InVivos Pte Ltd

In order to help us verify your identity and locate your personal information, please complete the following questions:

a. Staff

☐ Current

☐ Former (please state date employment ceased) .....

b. Customers

☐ Customer

c. Others

If you are not a staff or customer, describe your relationship with InVivos.

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C. YOUR REQUEST

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

A detailed description of the personal data for which you are withdrawing consent:	
Name of the employee/department of which your personal data was collected:	
When was your personal data submitted and for what purposes:	

Reasons for withdrawal of consent:	

D. DECLARATION

By submitting this form, I confirm that the information stated above is true, complete and accurate to the best of my knowledge and belief.

Name & Signature	Date

Please return the completed form to the Data Protection Officer:
Email: dpo@invivos.com.sg