

## Withdrawal of Consent Form

This form is to be completed when the person who is giving consent for the collection, exchange and/or storage of their personal information wishes to withhold some parts of their personal information.

### Withdrawal of Consent

I, \_\_\_\_\_ [state full name] withdraw my consent to the following information about me being collected, exchanged and/or stored.

Type of Personal Information	Purpose for which information was used

You can email us at: [DPO@hcahospicecare.org.sg](mailto:DPO@hcahospicecare.org.sg) or send to us by post at the following address:

**HCA Hospice Limited**  
**705 Serangoon Road Block A #03-01**  
**Singapore 328127**

*Please note that withdrawal of consent will be effective a month from being received by HCA.*

#### To be completed by HCA

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Received By: \_\_\_\_\_ [full name]

Signature: \_\_\_\_\_