

**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

*Please submit completed form to*

The Personal Data Protection Officer  
 HCA Hospice Limited  
 705 Serangoon Road Blk A, #03-01  
 @Kwong Wai Shiu Hospital  
 Singapore 328127  
 Email: DPO@hcahospicecare.org.sg

*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: \_\_\_\_\_