

## Withdrawal of Consent Form

INSTRUCTIONS

rm with all the required fields (\*) to enquiry@sctr

Please email the completed	form with all t	he required fields (*) to <b>enquiry@sctp.org.sg</b> .
REQUESTOR DETAILS		
I hereby submit notice to withdraw consent from receiving updates and marketing communications from the Singapore Chartered Tax Professionals (SCTP).		
Full Name (As per NRIC/ FIN/ F	Passport):	•
Email Address:		
(Indicate a "X" where applicab	le) [	] Withdraw from SCTP's marketing eBlasts
Singapore Contact Number: (Indicate a "X" where applicab	le)	
	[	] Withdraw from Voice Calls
	[	] Withdraw from Text Messages
	L	] Withdraw from Fax Messages
To help us to improve our service	ce, kindly let us	know the reason for withdrawal:
Important Points to Note		
1. Please allow up to 30 working da	ays for us to proc	ess your withdrawal request.
2. We may call or email you to verify your withdrawal application and inform you about your application progress.		
3. The information collected from your Withdrawal of Consent request would be used only for verifying your details, to notify the receipt or progress of your request and to update the relevant systems on the consent/ withdrawal.		
4. The latest withdrawal of consent request shall supersede any earlier request.		
5. You are responsible for the accuracy of your personal information provided in the Consent/ Withdrawal of Consent form.		
6. By withdrawing your consent, SCTP shall discontinue sending marketing communications to you through the withdrawn communication channel(s). However, SCTP will continue to communicate with you on membership application and/or administration matters such as membership renewals, and/or the body's updates such as change in contact number and general meetings.		
Please refer to SCTP's <u>Privacy and Data Protection Policy</u> for more information.		
Name:	Signature:	Date: