

CONSENT WITHDRAWAL FORM**1. Purpose of this Form**

This Consent Withdrawal Form enables a Data Principal to withdraw consent previously granted for the processing of their Digital Personal Data by the Data Fiduciary, in accordance with Section 6(4) of the Digital Personal Data Protection Act, 2023 ("DPDPA").

Withdrawal of consent shall not affect the lawfulness of processing carried out prior to such withdrawal. Upon receipt of a valid request, the Data Fiduciary shall cease processing the personal data unless such processing is required under applicable law.

2. Details of the Data Principal

- **Full Name:** _____
- **Registered Email ID:** _____
- **Mobile Number:** _____
- **Customer/User ID (if known):** _____

(If the request is made by a parent or lawful guardian, please provide details in Section 5 below.)

3. Consent Being Withdrawn

Please indicate the consent(s) you wish to withdraw (tick all that apply):

- Processing of personal data for marketing and promotional communications
- Processing of personal data for analytics and profiling
- Processing of personal data for provision of services/products
- Sharing of personal data with third parties / vendors
- Any other purpose (please specify): _____

4. Mode and Scope of Withdrawal

I hereby withdraw my consent for the processing of my personal data for the purpose(s) indicated above, with effect from _____.

I acknowledge that:

- Withdrawal of consent may result in discontinuation of certain services or benefits;
- The Data Fiduciary may retain or process my personal data where such retention or processing is required under applicable law.

5. Details of Parent / Lawful Guardian (if applicable)

(Applicable where the Data Principal is a child or a person with disability)

- **Name of Parent / Lawful Guardian:** _____
- **Relationship with Data Principal:** _____
- **Contact Details:** _____
- **Proof of Authority (attach document):** _____

6. Declaration by the Data Principal

I hereby declare that:

- The information provided in this form is true and accurate to the best of my knowledge;
- I am the Data Principal or a duly authorised representative entitled to withdraw consent;
- I understand the consequences of withdrawal of consent under the DPDPA.

7. Signature and Date

- **Name:** _____
 - **Signature (physical or electronic):** _____
 - **Date:** _____
 - **Place:** _____
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8. For Official Use by the Data Fiduciary

- **Date of Receipt of Request:** _____
- **Mode of Receipt:** Online Form Email
- **Request Reference / Ticket No.:** _____
- **Action Taken:** Accepted Rejected
- **If Rejected, Reason(s):** _____
- **Date of Closure:** _____
- **Authorised Signatory:** _____