

**IBF DATA PROTECTION AND PRIVACY FORM – I
WITHDRAWAL OF CONSENT REQUEST FORM**

Please provide us your details to match our records

Part I: Particulars of the Individual that the Personal Data Relates to (the “Data Subject”)	
TITLE AND NAME (Please enter your name as indicated on your NRIC or passport and underline surname)	LAST FOUR DIGITS OF YOUR NRIC OR PASSPORT (For verification purposes, e.g. 123A)
TELEPHONE NUMBER	EMAIL ADDRESS
WITHDRAWAL OF CONSENT Please indicate the withdrawal of consent of your personal data to be applied to which of the following: <ul style="list-style-type: none"> <input type="checkbox"/> IBF suggestion of training and other competency programmes which may be of interest to you <input type="checkbox"/> IBF informing you of and inviting you to upcoming IBF events <input type="checkbox"/> IBF contacting you regarding any industry engagements which may be of interest to you <input type="checkbox"/> IBF keeping you updated on the latest developments at IBF <input type="checkbox"/> IBF contacting you regarding potential career opportunities <p>* IBF respects your withdrawal of consent and would like to highlight that this will affect our ability to provide you with services that you asked for or have with us. In this regard, it may be disadvantageous to you, as you may miss up-to-date information on industry trends or requirements.</p>	

PLEASE DESCRIBE THE NATURE OF YOUR REQUEST

DATE OF REQUEST

1. If possible, please attach a copy of any documents in which consent was previously given.
2. Please note the following:
 - a) To process this request, the information in this form may need to be given to the Institute of Banking and Finance's (the "**Organisation**") affiliates, as well as third parties (e.g., service providers to the Organisation).
 - b) You will be contacted by the Organisation if more information is required to process your request.
 - c) Once processed, please allow us a reasonable period of time (within 30 days) to respond to your request.
 - d) By signing this form, you acknowledge that the information you have provided is true and accurate to the best of your knowledge.
 - e) If you are submitting the request on behalf of another party, please fill in **Part II** of the form.
3. To submit this form, please complete and sign it and email it to dpo@ibf.org.sg. Alternatively, you can mail the completed form to: *Data Protection Officer, The Institute of Banking & Finance, 10 Shenton Way, #13-07/08, MAS Building, Singapore 079117.*

[Signature: _____]

Part II: Particulars of the Individual Acting on Behalf of the Data Subject	
RELATIONSHIP WITH THE SUBJECT (Please state the capacity in which you are acting on behalf of the Data Subject)	
AUTHORISATION (Please indicate what authorisation you have to act on behalf of the Data Subject e.g., power of attorney.)	
TITLE and NAME (Please enter your name as indicated on your NRIC or passport and underline surname)	Last 4 digits of your NRIC / Passport Number (For verification purposes, e.g. 123A)
TELEPHONE NUMBER	EMAIL ADDRESS