

Notice of Withdrawal of Consent



Part 1: General Particulars

Full Name : (as in your National Identification Document, e.g. NRIC / Passport / FIN)	
Email :	
Singapore Contact Number :	

Part 2: Relationship with MDIS

- Prospective Student
- Former Student / Graduate

Part 3: Withdrawal of Consent

I hereby give notice to withdraw my consent to receive marketing communications at Singapore telephone number(s) and registered email address.

Signature:

Date:

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1. The information attained from the withdrawal of consent request will be used solely for the purpose of completing the withdrawal request.
 2. The completed Notice of Withdrawal of Consent can be scanned and send to MDIS via email to dpo@mdis.edu.sg with subject title “ATTN: Notice of Withdrawal of Consent – DNC”.
 3. Upon receipt of the email, the MDIS shall discontinue sending marketing messages to you at your listed Singapore telephone number (s) and registered email address **within ten (10) working days**.
 4. The Data Protection Officer will contact you via email if the form is not duly completed or not legible or seek to verify your identity and other details if required to process your request.