

CONSENT WITHDRAWAL REQUEST FORM

Note to Requestor

- 1. We rely on your personal details¹ provided below to be complete and accurate to be able to process this request.
- 2. If the request is made for someone other than yourself, please also submit the following documents:
 - (a) A legally authenticated and registered Power of Attorney. If drawn abroad, it must be legalised by Apostille and relevant formalities ; and
 - (b) Proof of identity of the person and yourself, for example, a national identity card for Mauritian residents, a valid passport for a non-resident.
- 3. You may be asked to provide additional information to help us process your request (not required if PoA is in place).
- 4. Requests for consent withdrawal shall be effective after 30 days upon your notification.

PLEASE COMPLETE IN BLOCK LETTERS

A. Details of Data Subject

Name

Surname

NIC Number / Passport Number

Telephone Number

Mobile Number

Address

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Email Address

Date of Birth

B. Details of Requestor Applying for and on behalf of the Data Subject (Where applicable)

Name

Surname

NIC Number / Passport Number

Telephone Number

Mobile Number

Email Address

Date of Birth

C. Details of Request

I hereby withdraw my consent to receiving promotional offers from SBM Bank (Mauritius) Ltd.

¹ 'Personal Data' means any information relating to an identified or identifiable natural person ('Data Subject'); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person (Article 4 of the General Data Protection Regulation).

SBM BANK (MAURITIUS) LTD

D. Declaration of Requestor

I hereby declare and confirm that all information and supporting documents provided by me in connection with this Consent Withdrawal Request are true, accurate and complete.

I understand that it will be necessary for SBM Bank (Mauritius) Ltd to verify my identity and I consent to the collection and, use of the personal data that I have provided in this form for the purpose of this Request.

Signature
Date

For Office Use

Application Reference Number
Received by / Date
Referred to / Date
Fees to be charged (If any)
Date of Completion of Request
Request Outcome

Remarks

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