



**SANTEN PHARMACEUTICAL ASIA PTE. LTD.**  
6 Temasek Boulevard #20-03/04 Suntec Tower Four, Singapore 038986  
Tel : +65 6715 7800 Fax : +65 6235 1543

## PERSONAL DATA PROTECTION ACT 2012 (No. 26 of 2012)

### **WITHDRAWAL OF CONSENT REQUEST FORM**

#### Notes for Applicants

1. Under the Personal Data Protection Act of Singapore, an individual is entitled to withdraw any consent given, or deemed to have been given, in respect of the collection, use or disclosure by that organisation of personal data about the individual for any purpose.
2. The request must be in writing.
3. The request must be accompanied by any necessary information/documentation to identify the enquirer (NRIC/ Passport or other proof of identity) and to locate the record of Personal Data for which consent is withdrawn.
4. SANTEN will comply with the request for withdrawal of consent within 30 days of receiving the request, or receiving the information referred to in (3) whichever event occurs later.
5. Notwithstanding such withdrawal of consent, SANTEN may continue to collect, use or disclose data without the consent of the individual if it is required or authorized under the Personal Data Protection Act or any other written law.
6. Please complete the following form and sign the accompanying declaration and submit, with your fee and proof of identity, to the Data Protection Officer at the address given below.
7. Please note that when you withdraw your consent to any collection, use and/or disclosure of your personal data, it may affect the services provided by SANTEN to you when such consent is regarded as a condition of providing services from SANTEN.



**SANTEN PHARMACEUTICAL ASIA PTE. LTD.**  
 6 Temasek Boulevard #20-03/04 Suntec Tower Four, Singapore 038986  
 Tel : +65 6715 7800 Fax : +65 6235 1543

PERSONAL DATA PROTECTION ACT 2012 (No. 26 of 2012)

**WITHDRAWAL OF CONSENT REQUEST FORM**

**A. The Requesting Party's Details**

Full Name (Block letters)	:	
NRIC/ Passport Number	:	
Address	:	
Telephone Number(s)  Residential/ Office/ Handphone	:	
Email	:	

**B. Your status/relationship with Santen Pharmaceutical Asia Pte Ltd**

In order to help us verify your identity and locate your personal information, please complete the following questions as far as possible:-

**(a) STAFF**

- Current staff
  - Former staff (please state date employment ceased) .....
- Department ..... Staff Number .....

**(b) OTHER**

If you are not a staff, describe what relationship have you had/have with SANTEN and when?

.....  
 .....



**SANTEN PHARMACEUTICAL ASIA PTE. LTD.**  
6 Temasek Boulevard #20-03/04 Suntec Tower Four, Singapore 038986  
Tel : +65 6715 7800 Fax : +65 6235 1543

PERSONAL DATA PROTECTION ACT 2012 (No. 26 of 2012)

**WITHDRAWAL OF CONSENT REQUEST FORM**

**C. Your Request**

Please provide the following information to enable us to respond to your request :-

A. A description of the Personal Data for which you are withdrawing consent	:	
B. Name of the Officer/ Employee of SANTEN and his/her division by whom your Personal Data was collected	:	
C. When you submitted your Personal Data to SANTEN and for what purposes.	:	
D. Details of your request for withdrawal of consent for collection, use and/or disclosure (please specify) of Personal Data	:	
E. For withdrawal of consent to the sending of marketing messages, please specify the telephone (or fax) number at which you no longer wish to receive	:	



**SANTEN PHARMACEUTICAL ASIA PTE. LTD.**  
 6 Temasek Boulevard #20-03/04 Suntec Tower Four, Singapore 038986  
 Tel : +65 6715 7800 Fax : +65 6235 1543

PERSONAL DATA PROTECTION ACT 2012 (No. 26 of 2012)

**WITHDRAWAL OF CONSENT REQUEST FORM**

marketing messages from SANTEN		
F. Reasons for withdrawal of consent	:	

**Declaration**

I ....., NRIC/ Passport No ....., certify that the information given on this Withdrawal of Consent application form to Santen Pharmaceutical Asia Pte. Ltd. ("SANTEN") is correct. I understand that I will have to provide proof of my identity (either my NRIC or Passport). I understand that it may be necessary for SANTEN to obtain more detailed information in order to locate the correct information. I am aware that referees and third parties may be contacted in cases where the disclosure of confidential references and other third-party information supplied in confidence is concerned.

Signed .....

Dated .....

Please return the completed form to the Data Protection Officer :-

**Email address:** dpo\_sg@santen.asia

**Postal address:** The Data Protection Officer,  
 Santen Pharmaceutical Asia Pte. Ltd.  
 6 Temasek Boulevard #20-03/04, Suntec Tower Four,  
 Singapore 038986

**Documents** which must accompany your application are:-

- i Evidence of your identity (**NRIC/ Passport, proof of identity**)