

GENERAL CONSENT WITHDRAWAL REQUEST FORM

REQUEST TO WITHDRAW CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF YOUR PERSONAL DATA

Please provide us with your particulars so that we can verify your identity in order to process this request.

TITLE and FULL NAME * Mr / Mrs / Miss / Ms / Other (please specify). Please underline surname
EMAIL ADDRESS (Required) The Data Protection Officer at BASE will contact you via email if more information is required to process your request.