GENERAL CONSENT WITHDRAWAL & ACCOUNT DEACTIVATION REQUEST FORM Please provide us your details so that we can verify your identity and process this request.

1.	Your full name (Must match your registered name)	
2.	Your registered email address	
3.	Your ID number (for Local Expert only)	
4.	Please state the nature of your relationship with TakeMeTour.com	☐ A Local Expert ☐ A Traveller
5.	Please specify the areas of withdrawal of consent in the use of your data	 □ Surveys/feedback forms □ Direct marketing and promotions □ All, including termination of the account stated above □ Others (Please specify)
6.	Please check the information you have provided, sign this form, and then send it and supporting documents to our [Data Protection Officer] at support@takemetour.com	By ticking this box, I hereby declare and confirm that all information and supporting documents provided by me are true, accurate and complete. I understand that it will be necessary for TakeMeTour to verify my identity and the information in order to correct or update the personal data requested and I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of complying with my request. Request Date:
(1) (1) (2) (2) (5)	nformation will not be given to the third par Personal data collected on this form is req or termination of account request to be pro- such request. fficial use only:	nder the Personal Data Protection Policy. The ty service providers to TakeMeTour. uired for enabling your Consent withdrawal and cessed, and will only be used in connection with
Recei	ved by:	Date:
Verifie	ed by:	Date:

Remarks: