

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

Withdrawal of Marketing Consent Form

1. Personal Particulars of Requestor (in Block Letter)

	Name: Mr/Mrs/Ms/Mdm/Dr * (As per NRIC/passport)					
	NRIC/Passport/Employment					
	Pass/Work Permit *					
	Email:					
	Contact Number:	Mobile:	Office:	Home:		
	Address:					
	Postal Code:					
	* Please delete if not applicable Please fill the form completely; otherwise we may not be able to process your request If not relevant, please write "N/A" on the space provided.					
2.	Withdrawal of Consent:					
	I would like to opt out of marketing, advertising and promotions offerings by Sompo via the following mode(s) of communications: Please tick where applicable:					
	Postal mail					
	Electronic transmission to my email address(es)					
	Voice calls					
	SMS/MMS (text messages)					
	Fax					
	(Note To Customers: Please be advised that if you withdraw your consent to be contacted via the above platforms, Sompo may not be able to provide notification of new promotions, product launch(es) and product enhancement(s).					
	I confirm and agree that my withdrawal of consent herein effectively supersedes any other consent, which I may have previously provided to Sompo in relation to being contacted for the purposes of providing me with information on any promotions, products and services marketed by Sompo, and that I am the user and/or subscriber of the telephone number(s) provided by me above, and that I have read and understood the above provisions.					
	Signature		_	Date		

Important notice:

- 1. Please allow 30 business days from the receipt of this form to process your withdrawal request.
- 2. The information collected in this Withdrawal of Marketing Consent Form will be used solely for the purpose of completing your request of withdrawal of marketing consent.

You may send by post or email the completed form to:

Sompo Insurance Singapore Pte. Ltd. 50 Raffles Place #05-01/06 Singapore Land Tower Singapore 048623

Email: PDPA_Enquiries@sompo.com.sg

Operating hours: 8.30am to 5.30pm, Monday to Friday

For office use:			
 Attended By:	 Date of form receipt:	 Date of change input:	
(Name of Employee)	Bate of form receipt.	Date of change input.	