



宜康医疗保健私人有限公司

ECON HEALTHCARE PTE. LTD. ROC No.: 200202500K

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### GENERAL CONSENT WITHDRAWAL & MEMBERSHIP CANCELLATION REQUEST FORM

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

Your Name (in full)	
Your Residential / Mailing address	
Your Contact Details	Contact No.: Fax No.: Email Address:
Your NRIC No./ Passport No.	<i>(please attach a copy of your NRIC or Passport for verification)</i>
Please state the nature of your relationship with us	<input type="checkbox"/> A current/ former customer <input type="checkbox"/> A current/ former employee <input type="checkbox"/> A current/ former vendor/ supplier/ distributor/ business partner/ service provider <input type="checkbox"/> Other (Pls specify) _____
Please specify the areas of withdraw of consent in the use of your personal data.	Direct marketing and promotions Surveys/feedback forms Other (Pls specify) _____ All, including termination of the membership stated above <i>* tick where applicable</i>
Please sign this form, check the information you have provided, then send this form together with the supporting documents to us.	<input type="checkbox"/> By ticking this box, I hereby declare and confirm that all information and supporting documents provided by me in connection with this withdrawal and cancellation request form are true, accurate and complete. I understand that it will be necessary for ECON to verify my identity and that ECON may contact me for more detailed 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 Correction Request.  Date: _____

#### Important Notes:

(1) Please note that ECON reserves the right to refuse to comply with your Data Correction Request as may be permitted under the Personal Data Protection Act 2012. To process this request, the information in this form may need to be given to third party service providers to ECON.

(2) Personal data collected on this form is required to enable your Consent Withdrawal and/or Membership Cancellation Request to be processed, and will only be used in connection with such request.

#### For official use only:

Received by:		Date:	
Verified by:		Date:	
Remarks:			

ECON Care Centre Enquiry Hotline: (65) 6226 1188



ECON Ambulance Hotline: (65) 6382 8888

ECON Medicare Centres & Nursing Homes • ECON Home Care Services • ECON Careskill Training Centre (ECTC) • ECON Chinese Medicine  
ECON Ambulance Services • ECON Health & Wellness Centre • Sunnyville Home • PhysioWorks (Physiotherapy & Rehabilitation) • West Point Hospital • Air Ambulance Asia

**Always Giving You Our Best Care & Attention 细心照顾 时时关怀**