

# GRACE (S.C.C.) CHURCH

## 新加坡华人基督教会怀恩堂

### CONSENT WITHDRAWAL REQUEST FORM 撤回同意申请表

#### PART I: PARTICULARS 个人资料

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

请向我们提供您的个人资料，以便我们可以验证您的身份后，处理此请求。

Name (as in NRIC/Passport):		姓名 (按照身份证/护照):	Last 3 numerical digits and checksum of NRIC/Passport No. <sup>1</sup> : 身份证/护照号码之最后 3 位数字和校验码 <sup>1</sup>
Address: 地址			Membership No. (if applicable) <sup>2</sup> : 会友编号 (如适用) <sup>2</sup>
Postal Code ( ) 邮区			
Contact Nos. 电话号码	Home: 住家 Fax: 传真	Mobile: 手机 Office: 办事处	Please tick (if applicable) 请在适当项目打勾 (如适用) <input type="checkbox"/> CC 粤语崇拜 <input type="checkbox"/> EC 英语崇拜 <input type="checkbox"/> MC 华语崇拜
Email Address: 电邮			

<p>Please specify the areas of withdraw of consent in the use of your personal data. 请注明哪一部分的个人资料您想撤回同意</p> <p>Note 注意: Withdrawal of consent of certain information would lead to termination of pastoral care/membership status. 撤回某些资料的同意将导致终止教牧关怀/会员身份。</p>	
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<sup>1</sup> If your request is about the information pertaining to your NRIC/Passport, please attach a copy of your NRIC or Passport for verification 如果您的申请是关于您的身份证或护照，请附上您的身份证或护照复印以作验证

<sup>2</sup> Please attach a copy of your membership card for verification 请附上您的会友证以作验证

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### PART II: DECLARATION 声明

I am the Individual named in Part I of this form. I hereby declare and confirm that all information and supporting documents provided by me in connection with this request are true, accurate and complete. I understand that it will be necessary for Grace (S.C.C.) Church to verify my identity and that Grace (S.C.C.) Church may contact me for more detailed information regarding this request. I consent to the collection, use and disclosure of the personal data that I have provided in this request for the purpose of complying with this request.

本人作为此表格第一部分的当事人，谨在此声明及确定有关此项申请所提供之资料和证明文件全是真实、正确及完整。本人得悉新加坡华人基督教会怀恩堂有必要验证本人身份，并可能联络本人索取更多有关此项申请的详细资料。为配合这个查询资料的申请，本人同意有关此项申请所提供之资料，将会被收集，使用及披露。

Signature:

签名

Date:

日期

### Important Notes 重要备注:

- 1) Please complete the Part I and Part II above and return it to:

请填写以上第一及第二部分并寄回致:

The Personal Data Protection Officer  
Grace (S.C.C.) Church  
14 Queens Street  
Singapore 188536

个人资料保护专员  
新加坡华人基督教会怀恩堂  
奎因街 14 号  
新加坡邮区 188536

- 2) Your request will be processed diligently and you will be informed of the results within 30 days, from the date we received this duly completed and signed form. Where we are unable to respond to you with the said 30 days, we will notify you of the soonest possible time within which we can provide you with the results.

本堂将在收到此填妥及签署的表格起的 30 日内处理您所提出的请求。如未能于这 30 日内回复，本堂将尽快通知您另作之安排。

- 3) Please note that we reserve the right to refuse to comply with your 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 our third party service providers. If we deny or restrict your request, we will do so in writing including the reasons for the denial.

请注意，在个人资料保护法令容许下，本堂将保留权利拒绝您的申请。本堂只提供那些本堂拥有或受本堂管辖之个人资料。为要执行这项申请，此表格里之资料可需给予第三者服务供应商来处理。若本堂未能处理您的申请，本堂将以书面通知并附上申请不受理之原因。

- 4) Please refer to [www.gsccc.org.sg](http://www.gsccc.org.sg) for our Data Protection Policy.

关于本堂之个人资料保护政策，请参阅本堂网站 [www.gsccc.org.sg](http://www.gsccc.org.sg)

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## PART III: FOR ADMINISTRATION USE ONLY 行政部专用

Consent Withdrawal Request Form received by/on: \_\_\_\_\_

接收撤回同意申请表格的职员名字, 签名及日期

Name of Staff

Signature/Date

Action taken 处理的工作:

by/on: \_\_\_\_\_

职员名字, 签名及日期

Name of Staff

Signature/Date

Completion by/on: \_\_\_\_\_

结案职员名字, 签名及日期

Name of Staff

Signature/Date