

Please confirm:

Name

n Name:

Data Subject Consent Withdrawal Form

This document is to confirm that you wish to withdraw consent that you have previously given Zykrr to process your personal data.

| _ | Address | | | | | | | | | |
|--------|--|------------|----------|-----------|--------|-------------|---------|----------|----------|----------|
| | Email Address | | | | | | | | | |
| _ | Contact No Company/Employe (if applicable): | er | | | | | | | | |
| | Consent Withdraw For | | | | | | | | | |
| | All processing: | ring: | | | | | | | | |
| | Specific data/processes please list: | | | | | | | | | |
| r F | Zykrr internal protolease see our private Please complete this preby withdraw my | cy policy. | o show : | your cons | ent | | | | | PR |
| deta | ailed above. | | | | | | <u></u> | | | |
| Nam | ne: | | Signa | ture: | | | Date: | | | |
| I | n case the data subj By the name of the under my custody | person | or or in | capacitat | d, the | following s | hould b | e filled | by the c | ustodian |
| | Custodia | | Signatur | : | | | Date: | | | |

Once completed, this form should be submitted via email to gdpr@zykrr.com

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