



# REQUEST TO WITHDRAW CONSENT

## NOTE:

- i. The Personal Data required in this form is necessary to enable Madison to process your Request to Withdraw Consent. The information you supply will only be used to identify you and for responding to your request, in accordance with the Data Protection Act and Regulations. It may be shared with our legal and administrative teams for processing and preparing a response.
- ii. Documentary evidence in support of this request may be required. Any documents sent to us should be transmitted through secure means of communication and should be photocopies or scanned images (do not send the originals).
- iii. To ensure that we are acting on the instructions of an authorized person, please provide us with sufficient identification in accordance with applicable laws. If you do not provide adequate proof of identity, we reserve the right to decline your request.
- iv. Where the space provided for in this form is inadequate, submit the information as an annexure.
- v. A separate form must be completed for each data subject.
- vi. All fields marked as \* are mandatory.

Please complete the form below with accurate information and submit it via email to [dpo@madison.co.ke](mailto:dpo@madison.co.ke)

## A. DETAILS OF THE DATA SUBJECT

Full Name\*: \_\_\_\_\_ ID/Passport/Birth certificate Number\*: \_\_\_\_\_  
Phone Number\*: \_\_\_\_\_ Email Address\*: \_\_\_\_\_  
Product with Madison: \_\_\_\_\_ Policy/Member/Agent/Employee Number: \_\_\_\_\_  
*(If Applicable)* *(If Applicable)*

## B. RELATIONSHIP WITH MADISON\*? (Check the box that applies)

- I am a Customer and enclose evidence of my identity.
- I am an Agent and enclose evidence of my identity.
- I am an Employee and enclose evidence of identity.
- I am acting on the Data Subject's behalf as his/her duly authorized representative. (e.g. Where the Data Subject is a minor or has a mental or other disability or where you are duly authorized.)

## C. DETAILS OF THE PERSON LODGING THE REQUEST (If the person is different from A above)

Full Name\*: \_\_\_\_\_ ID/Passport Number\*: \_\_\_\_\_  
Phone Number\*: \_\_\_\_\_ Email Address\*: \_\_\_\_\_  
Relationship with the Data Subject\*: \_\_\_\_\_

## D. CONSENT WITHDRAWAL DETAILS\*

I would like to withdraw consent for: (Check all that apply)

- Processing personal data belonging to a child.
- External Hosting of Personal Data.
- Marketing Consent.

Please provide more details about your request including any reasons for withdrawal of consent.

## E. DECLARATION\*

- I hereby withdraw my consent as specified under clause D above. I understand that Madison will cease processing my personal data based on this withdrawal and I acknowledge that this may affect the performance of the contractual obligation that I have with Madison. I also understand that the withdrawal of my consent does not affect the lawfulness of the processing activities undertaken up to the date my request is processed

Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

## What happens next?

- i. If your request is valid but we are unable to identify you, we will advise you of this and request additional information.
- ii. If your request is valid and we do not require additional information, we will acknowledge it in writing and provide you with a reference number relating to your Access Request and start processing your request.
- iii. Once Madison has all the required information, your request should be completed within fourteen (14) days.
- iv. If your request is invalid (e.g., Where the request is not supported with proof or context), we will return any enclosures and or advise you why your request has been declined.