



WITHDRAWAL OF MARKETING CONSENT

KINDLY COMPLETE FULLY IN BLOCK LETTERS

PARTICULARS OF POLICYHOLDER

Name of Policyholder(please underline Surname)	NRIC / Passport No.

WITHDRAWAL OF CONSENT - PLEASE CHECK BOXES (✓) AS APPROPRIATE

I would like to withdraw my consent for receiving marketing and promotional material(s) via the following mode(s) :

- Postal mail
 Electronic Mail
 Phone call / voice call
 SMS / MMS (text messages)

UPDATE CONTACT DETAILS (This will apply to all existing policies)

Home Number:	<input type="text"/> (Country Code)	<input type="text"/> (Area Code + Number)
Office Number:	<input type="text"/> (Country Code)	<input type="text"/> (Area Code + Number)
Mobile Number:	<input type="text"/> (Country Code)	<input type="text"/> (Area Code + Number)
Email Address:	<input type="text"/>	

IMPORTANT NOTES

- Boxes not checked will not be treated as withdrawal of consent(s) you may have previously provided to TMLS.
- Contact number(s) and email address updated above will be treated as the latest contact to be registered in our records.
- Kindly allow 21 days from the date of submission for your request to be processed.

DECLARATION AND AUTHORISATION

By signing and submitting this form, I acknowledge and agree that the above shall Supersede and replace any prior marketing consent that I had provided to the Company.

Signature of Policyholder
Date

(wef 20012022)