

DATA SUBJECT CONSENT WITHDRAWAL FORM

Instructions:

- Documentary evidence in support of the application shall be required. Acceptable forms of identity are copies of either: National Identity Card or Passport
- Please note that if you are making this request on behalf of someone else you will need to supply your information, their information, evidence of their identity and some form of proof (for example a signed letter of authority, power of attorney or some other evidence that you are their legal representative) that you have the authority of the person whose data you are seeking to access.

Part I: Nature of Request

Name of the Data Subject:	
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- I withdraw consent for the processing of my personal data from Salaam Microfinance Bank Limited and all its third-party processors as provided below.

Salaam Microfinance Bank Limited (“**Salaam**”, “**Bank**”) no longer has my consent which was previously granted to process my personal data for the purpose of (*tick as applicable*);

- Assessing my application and making decisions as to whether the Bank is able to provide me with the products/services I have requested.
- Receiving marketing communications from the Bank relating to its products and services as well as for products and services from other members of the Bank’s group which may be of interest to me.
- Withdrawing my consent for the Bank and its third party processors to capture, use, reproduce, publish or distribute any images, videos or any other media in which I appear or I am identifiable for marketing, promotional or public communication purposes.

Please note that:

- Withdrawing consent in relation to marketing materials will not impact upon that information which the Bank is required to send you as part of your ongoing contract with us in relation to services and/or products or other lawful bases outlined above.
- Withdrawing consent does not affect the legality of data processed prior to such withdrawal.

Part II: Details of the Data Subject

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**Salaam Microfinance Bank is regulated by the
Central Bank of Kenya.**



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Muindi Mbingu St, Kenyatta Avenue.
P.O Box 1654-00100, GPO.
Nairobi, Kenya.

Name:	
ID / Passport No.	
Phone No.	
Address:	
Email Address:	

Provide the following details where making a request on behalf of a minor or a person who has no capacity:

Name:	
Relationship with data subject:	
Contact Information:	

I have attached a copy of my National Identity Card/Passport

Signature

Date

Name

ID / Passport Number

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