**REQUEST FORM**

**WITHDRAWAL OF CONSENT/ DELETION / CORRECTION OF PERSONAL DATA**

In accordance with the provisions of the [Privacy Policy](https://tallycapital.awsdevint.tallysolutions.com/privacy-policy/) of the Company, you have the right to review, correct and update your personal data shared with us and/or request for deletion or removal of your personal data shared with us.

To exercise such right(s) or request of deletion or removal of your personal data, please complete the form below and send it to us on [consentrevocation@tallysolutions.com](mailto:consentrevocation@tallysolutions.com). We assure that your request will be promptly processed in compliance with the applicable policies.

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| **I. PARTICULARS OF REQUESTOR** | |
| Name: | |
| Contact Number: | Email Address: |
| Please check the applicable box(es):   * I am making the request for my own personal data * I am making the request on behalf of other individual(s)\*   [**“Other Individual(s)"** shall mean and include any **natural person**, **body corporate** (including a company incorporated under the Companies Act or under the laws of any other jurisdiction), **partnership or proprietor firm** (registered or unregistered), **limited liability partnership (LLP)**, **association of persons (AOP)**, **trust**, **co-operative society**, **society registered under applicable laws**, or any other entity, body or person, whether incorporated or not.] | |
| **Please complete this section if you are making the request on behalf of other individual(s)** | |
| Name of other individual(s) whom you are making the request on behalf of: | |
| Address & Contact Number of the individual: | Email Address of the individual: |
| **II. DESCRIPTION OF THE PERSONAL DATA REQUESTED** | |
| Please specify the request:-   * Withdrawal Of Consent Request * Deletion Request * Correction Request | |
| To enable us to process your request quickly and efficiently, please provide us with as much information as possible about the personal data relating to your request (e.g. type of personal data, date, time). | |

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| **III. ADDITIONAL INFORMATION** | |
| To ensure we are erasing data of the right person we require you to provide us with proof of your identity and of your address.  Where the request is made on behalf of the other individual, the other individual’s written authorisation and a copy of the other individual’s proof of identity and a copy of a proof of your identity  ***\*Proof of Identity:***  *Passport, Driver’s License, or PAN Card.*  ***\*Proof of Address:***  *Utility bill, Driver’s License, or any other official document that clearly states the address.*  We may also request for more information as required for verification purposes. If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request. | |
| **IV. DECLARATION** | |
| By submitting this form, I confirm the following:-   1. That the information stated above is true, complete and accurate; and 2. Where I am making the request on behalf of the other individual(s), that I am legally authorised to act on behalf of the other individual(s). | |
| (Signature) Name: | Date (DD/MM/YYYY): |