

SKY FINANCE COMPANY LIMITED

DATA SUBJECT CONSENT WITHDRAWAL FORM

1. INTRODUCTION

In compliance with Article 17(7)(b) of the GAID 2025, withdrawal of consent shall be as easy as the process of granting consent.

SKY FINANCE COMPANY LIMITED shall maintain appropriate records of this withdrawal as required under Article 17(6).

This form enables you to withdraw the consent you previously granted to SKY FINANCE COMPANY LIMITED for processing your personal data. Please note that withdrawal of consent does not affect the lawfulness of processing carried out before withdrawal, and certain mandatory processing (e.g., regulatory requirements such as KYC, AML/CFT compliance) may still apply.

2. DATA SUBJECT INFORMATION

Full Name: _____

Account Number/Customer ID: _____

Phone Number: _____

Email Address: _____

3. SCOPE OF WITHDRAWAL

As provided under Article 18 of the GAID 2025, you may withdraw consent for any processing activity that legally requires consent, including direct marketing, processing of sensitive personal data, further processing incompatible with original purpose, children's data processing, cross-border transfer without an adequacy decision, or automated decision-making that significantly affects you.

I hereby withdraw my consent for SKY FINANCE COMPANY LIMITED to process my personal data in relation to the following (please tick as appropriate):

- Marketing and promotional communications
- Data sharing with third parties (non-mandatory)
- Processing beyond mandatory regulatory purposes

(Other – please specify): _____

4. DECLARATION

This withdrawal will not be used in any manner that is detrimental to your rights or interests, consistent with Article 17(7)(c) of the GAID 2025.

However, certain processing may continue where required by law, contract, or regulatory obligation.

I confirm that I am withdrawing my consent voluntarily and understand that:

- SKY FINANCE COMPANY LIMITED will cease processing my personal data for the purposes indicated above.
- Certain processing may continue where required by law, contract, or regulatory obligations.
- Withdrawal of consent may affect my ability to access certain services or benefits.

5. SIGNATURE

Full Name: _____

Date: _____

Signature/Thumbprint: _____