



TAMPINES TOWN COUNCIL TERMINATION OF RCCS

Name of Resident (Mr/Ms/Mrs/Mdm) :
Property Address :
Contact Number :

Cardholder's Name :
Name of Bank :
Credit Card Number :
Card Expiry Date :

TAMPINES TOWN COUNCIL REFERENCE NUMBER										
C										

I / We wish to terminate my / our RCCS authorization in respect of the above mentioned account immediately effect.

I / We will notify my / our Bank accordingly.

Cardholder's Signature: _____

Date: _____

***By submitting this form, I agree that Tampines Town Council (the "Town Council") may collect, use and disclose any and all information contained in this Form or otherwise collected from me and/or my authorised representatives, for the intended purposes and other purposes as set out in the Personal Data Protection Policy of the Town Council, accessible at <http://www.tampines.org.sg>.*

I further agree that the Town Council may disclose any or all of such information to: (i) its affiliates, service providers and agents for the above purposes; (ii) public agencies for funding, reporting, statistical, research and survey purposes; and (iii) the Member of Parliament for Tampines GRC for information as requested and/or to respond to enquiries purposes.

I warrant that where I have disclosed personal data of other individuals in connection with this application, I have obtained the prior consent of such individuals for the Town Council to collect, use and disclose such data for the above purposes.