

OGANIRU MICROFINANCE BANK LIMITED

DATA SUBJECT CONSENT WITHDRAWAL FORM

1. Introduction

This form enables you to withdraw the consent you previously granted to **OGANIRU MICROFINANCE BANK 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

I hereby withdraw my consent for **OGANIRU MICROFINANCE BANK 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

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

- The Bank will cease processing my personal data for the purposes indicated above.
- Certain processing may still 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: _____