

Consent Withdrawal Form

	Personal number	Date of birth	Birth place
Contact number	Postal Address	E-mail	
Withdrawal of consent give	ven during:		
Application for credit	<i>t;</i>		
Application for jobs;			
I declare that I withdraw r	ny consent regarding the proce	essing of personal data,	which I have given with the
date:	, related to	•	
Reason for withdrawal	of consent:		

This form must be completed by the client, signed and sent to the e-mail address <u>mbrojtja_etëdhënave@krk-ks.com</u>, it can also be sent physically or by post to the respective KRK branch.

Signature: _____