

**WITHDRAWAL OF CONSENT FORM**

TO: Save-On-Foods  
19855 – 92A Avenue  
Langley, British Columbia  
V1M 3B6

Attention: Department: \_\_\_\_\_

I, \_\_\_\_\_, hereby provide you notice of my desire to withdraw my consent to the use and disclosure of my personal information by Save-On-Foods, a division of Save-On-Foods Limited Partnership ("SOF") and its agents for the purpose of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

subject to that which is required or permitted by law, contractual restrictions/obligations of SOF and/or is required by SOF to properly and efficiently administer its day-to-day activities.

I understand that by withdrawing my consent, it may negatively affect me in relation to the programs and services available from SOF.

\_\_\_\_\_  
(Customer/Employee) Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date