

**MSH Healthcare Ltd.**

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Please complete the following form if you wish to exercise your right to opt out of specific data processing activities carried out by MSH Healthcare Ltd.

**Your Details:**

- **Full Name:**
- **Address:**
- **Email Address:**
- **Phone Number:**

**Data Processing Activities:**

Please select the specific data processing activities from which you would like to opt-out:

Marketing Communications

Profiling for Targeted Advertising

Data Sharing with Third Parties

Other (please specify): \_\_\_\_\_

**Verification:**

To ensure the security of your data, please provide additional information for verification purposes:

- **Account ID (if applicable):**
- **Any other relevant details:**

**Consent Withdrawal:**

I hereby withdraw my consent for the processing activities selected above. I understand that this withdrawal will not affect any processing that has already taken place based on my previous consent.

**Signature:**

\_\_\_\_\_  
[Your Full Name]

**Date:**

\_\_\_\_\_  
[Signature Date]

**Instructions for Submitting the Form:**

- Please complete all relevant sections of the form.
- Email the completed form to [info@mshhealthcare.co.uk](mailto:info@mshhealthcare.co.uk)
- You will receive a confirmation email once your opt-out request has been processed.