

External Auditor Accreditation Cancellation Form in the Field of Personal Data Protection

First: External Auditor Information	
Service Provider Name	
License Number	
Type of Activity	
Second: Applicant Information	
Lead Auditor Name:	
Phone Number	
Email Address	
Third: Accreditation Information	
Reason for Accreditation Cancellation: <i>:(Please provide a clear explanation and attach any relevant supporting documents, if applicable.)</i>	
Notes (if any):	
Applicant's Signature:	Date:

