

**METAMORFOZA d.o.o.**  
**Ribnjak 2**  
**10000 Zagreb, Croatia**  
[info@museumofillusions.com](mailto:info@museumofillusions.com)

**WITHDRAWAL OF CONSENT TO PROCESSING OF PERSONAL DATA**  
**for the purpose of establishing contact and initial assessment**  
**regarding the potential possibility to become a franchise of**  
**Museum of Illusions**

Name and Surname: \_\_\_\_\_

Country: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I hereby withdraw my previously given consent for your processing of my personal data that I have provided you with through the Franchisee inquiry form for the purpose of establishing contact and initial assessment regarding the potential possibility to become a franchise of Museum of Illusions.

Date: \_\_\_\_\_