info@museumofillusions.com

**WITHDRAWAL OF CONSENT FOR THE PROCESSING OF PERSONAL DATA
given for the purpose of storing the resume in the Data Controller's database, as well as forwarding the resume and all personal data contained in the resume to third parties.**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

I hereby withdraw my previously given consent for your processing of my personal data, which I provided during registration for the purpose of storing my resume in the Data Controller's database, as well as forwarding the resume and all personal data contained in the resume to third parties.

Date and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_