*[enter the place and date]*

First name ……………...…………….

Last name…………………………….

Contact details……….………………

Controller

– Governor of Łódzkie Province

ul. Piotrkowska 104

90-926 Łódź

**Withdrawing consent to the processing of personal data**

Pursuant to Article 7 (3) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016, I withdraw consent to the processing of my personal data for the purpose of implementing the project called “Łódzkie Province Supports the Integration of Foreigners” co-financed from the funds of the Asylum, Migration and Integration Fund and the state budget.

……………………………

legible signature