### Personatech, Inc.

# **Verifiable Consumer Access and Deletion Request Form**

Residents of certain US states (the "**Resident**") may have the right to access or delete the personal information held by Personatech, Inc. ("**Company**") about that Resident, including the right to know and access specific information or categories of information Company may collect about such Resident, and to have that information provided to you or deleted.

In order for us to respond to your request, we ask that you submit your request using the form below.

We will confirm our receipt of your request within 10 days of its receipt by Company, and we expect to respond to your request within 45 days of Company's receipt of a fully completed form and proof of identity. You do not have to use this form but using this form should make it easier for you to make sure you have provided us with all relevant information, and for us to process your request.

#### 1. Name and Contact Information

Please provide the Resident's information below. If you are making this request on the Resident's behalf, you should provide your name and contact information in Section 3.

We will only use the information you provide on this form to (i) identify you and the personal information you are requesting access to, (ii) respond to your request and (iii) keep a record of your request and our response.

First and last name:	
Address:	
Telephone number:	
Email address (personal/business):	
Company Name:	

#### 2. Proof of Resident's Identity

We must verify your identity before we can respond to your access and/or deletion request. We will use the information provided above to verify your identity, but we may request additional information from you to help confirm your identity and to exercise your rights under state law.

We reserve the right to refuse to act on your request if we are unable to identify you, and will notify you in the event that we cannot identify you.

# 3. Requests Made by an Authorized Agent on a Resident's Behalf

**Authorized Agent first and last name:** 

Please complete this section of the form with your name and contact details if you are acting as an authorized agent on the Resident's behalf.

			ı
Address:			
Telephone	number:		
Email add	ress:		
Resident (	your relationship to the for example, solicitor, other arent, or caregiver)?		
•	ve legal authority to request ent's personal information?	Yes / No	
reserve the riverify your leg	ght to refuse to act on your re pal authority to act on the Reside	n you to help confirm the Resident's identiquest if we are unable to identify the Resident's behalf, and will notify you in the event the lity to act on the Resident's behalf.	dent o
4. Res	ident Request		
Please select exercise my ri		ategories (check all that apply). I would	like to
	Access and receive my personal	Information	
	Delete my personal information		
	Other:		

To help us process your request quickly and efficiently, please provide as much detail as possible about the personal information you are requesting access to or to have deleted from

our systems. Please include time frames, dates, names, types of documents, file numbers, any other information to help us locate your personal information.						

We will contact you for additional information if the scope of your request is unclear or does not provide sufficient information for us to conduct a search. We will begin processing your request as soon as we have verified your identity and have all of the information we need to locate your personal information.

The personal information you request will be mailed to the home or email address you provided above. If you have a question please contact us at <a href="mailto:dataprotection@personatech.com">dataprotection@personatech.com</a>, or Personatech, Inc., Attn: Legal & Privacy, 800 Third Avenue #1156, New York, NY 10022 United States

If we cannot provide you with access to or delete your personal information, we will inform you of the reasons why, subject to any legal or regulatory restrictions.

Our Privacy Policy and Notice at Collection is available at: https://personatech.com/privacyPolicy

## Acknowledgment

I confirm that the information provided on this form is correct and that I am the person whose name appears on this form either as the Resident or Resident's Authorized Agent. If I am the Resident's Authorized Agent I confirm that I am authorized to act on behalf of the Resident. I understand that Company must verify my identity and in the case of Authorized Agents, my legal authority to act on the Resident's behalf, and may need to request additional verifying information. My request will not be valid until Company receives all the required information to process the request.

X [SIGN HERE]		