

Data Subject Access Request Form

ACCOUNT INFORMATION

Company Name: _____
 Company Address: _____
 Company Phone: _____
 Company Federal Tax ID (USA customers only): _____

PERSONAL CONTACT INFORMATION

Full Name: _____
 Email Address: _____
 Phone Number: _____

SPECIFIC REQUEST

Please specify the details of your request

- | | |
|---|--|
| <input type="checkbox"/> Access to personal information | <input type="checkbox"/> Data portability (transfer of personal information) |
| <input type="checkbox"/> Correction of personal information | <input type="checkbox"/> Opt-out of data collection and sharing |
| <input type="checkbox"/> Deletion of personal information | |

REASON FOR REQUEST

Please briefly explain why you are making this request

PREFERRED DELIVERY METHOD

- Electronically (via email) Printed and sent by post

ADDITIONAL INFORMATION

SIGNATURE _____

DATE _____