**EXECUTION OF DATA PROTECTION RIGHTS**

Your data protection rights listed below can be exercised by submitting a filled sample of this request form either electronically or at any of our offices. For mail submissions, the email should be addressed to dataprotectionofficer@cellulant.io. Please ensure completion in BLOCK LETTERS and tick “X” as appropriate.

- [ ] In Person
- [ ] Proxy [a copy of the power of attorney must be enclosed]

### Subject's Data:

<table>
<thead>
<tr>
<th>Name*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth*</td>
<td></td>
</tr>
<tr>
<td>Telephone*</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Address for Correspondence*</td>
<td></td>
</tr>
</tbody>
</table>

### Regarding:

- [ ] Right of access (right to be forgotten)
- [ ] Right to Rectification
- [ ] Right to erasure
- [ ] Right to object restriction of processing
- [ ] Right to data portability
- [ ] Right to

**Request Description***

Provide a detailed description of your request, this will assist us in responding to your appropriately.
Preferred Response Channel:

☐ Email ☐ Pick up at our office Others_______________________

Declaration: I confirm that the information provided here is accurate and the request is in accordance with the dictates of the General Data Protection Regulations (GDPR). I acknowledge that any attempt to mislead may result in prosecution.

Date: Signature: