DATA SUBJECT REQUEST FORM

Truvid Inc. (“Company”) values the privacy rights of its users, customers, partners, suppliers, vendors and others. As required by the EU General Data Protection Regulation (“GDPR”) and by the California Consumer Privacy Act of 2018 (“CCPA”) (collectively, “Data Protection Laws”), European Union residents and California residents are permitted to make certain requests regarding our processing of personal data (“a data subject request”).

In order to submit a data subject request under the Data Protection Laws, please complete this form and send it to our data protection officer at: privacy@truvid.com.

Upon receipt of your completed request, we will process it and respond within the timelines required under applicable Data Protection Laws.

If we need more information from you, we will contact you through the contact information you provided in this form. Information provided in connection with this request will be processed only for the purpose of processing and responding to your request and will be removed immediately thereafter.

For more information please review our Privacy Policy.

The processing of the request is free of charge; however, we may want to reserve the right to charge a reasonable fee to cover certain administrative costs (such as providing additional copies of the data) or for handling manifestly unfounded or excessive requests.

Full Name: _____________________________________________________________
Address (including ZIP): __________________________________________________
Email Address: __________________________________________________________
Phone Number: __________________________________________________________

Please check the applicable box:

☐ I would like to receive information on why and how you are processing my information.
☐ I would like to receive a copy of the personal data you process on me.*
☐ I would like you to remove the personal data you retain with respect to me.
☐ I would like you to stop processing my personal data.
☐ I would like to receive a copy of my data and transfer it to a third party.*
☐ I would like you to stop sending me direct marketing.
☐ I want to withdraw my consent for the processing of my personal data (applicable under the GDPR).
☐ I would like to object to the processing of my personal data (applicable under the GDPR).
☐ I believe the personal data that you retain with respect to me is incorrect and I would like to correct it (applicable under the GDPR).
☐ I would like you to erase my recorded phone call.
* Please note that under the CCPA your rights only apply to the Personal Data (as defined in our privacy policy) collected 12 months prior to the request and you are not entitled to submit more than 2 requests within a 12 month period.

Substantiate the request- please provide additional information about your request:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What is your relationship with us (consumer, user, customer, employee, partner, etc.):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Verification of Identity

In order to keep the privacy of individuals safe we need to make sure you are indeed who you say you are, for this reason we need to verify your identity.

Please provide us with a photo ID document (i.e., driver license, passport):

Please provide proof of address so we can confirm you are a California resident or a European resident as applicable (upload one of the following: utility bill, bank statement, driving license, or tax document):

Attached as Exhibit A is my: ______________________