

Clarke, Modet y Compañía de México, S.A.

ARCO Rights Application, Limitation of Use / Disclosure, or Revocation of Consent

Date:

Folio:

Holder Data:

| | | | |
|------------|----------------------|---------------|----------------------|
| Surname(s) | <input type="text"/> | Name(s) | <input type="text"/> |
| Street | <input type="text"/> | Street Number | <input type="text"/> |
| | | Suite Number | <input type="text"/> |
| Suburb | <input type="text"/> | District | <input type="text"/> |
| State | <input type="text"/> | E-mail | <input type="text"/> |
| | | Phone(s) | <input type="text"/> |
| | | City | <input type="text"/> |
| | | P.O. | <input type="text"/> |

Information about the area where you provided your personal information:

| | | | |
|------------------------|----------------------|---------------|----------------------|
| Store, CEDIS or Office | <input type="text"/> | Branch Office | <input type="text"/> |
| Address | <input type="text"/> | City | <input type="text"/> |
| | | State | <input type="text"/> |

Right you want to exercise: (Mark with an X)

- Access Rectification Cancellation Opposition Limitation of use or disclosure Revocation of consent

Personal Data subject to this request:

Clear and precise description of your request:

Place where you want the answer to be delivered: (Mark with an X)

- E-mail address Address Other (Specify)

For Rectification, specify the following:

The personal data reads:

The personal data must read:

Documents submitted to confirm the rectification

Signature of the Applicant

(Form Back)

PLEASE ATTACH THE FOLLOWING DOCUMENTATION:

Official identification of the Holder: _____ **No.:** _____

Issuing Authority: _____

The following are considered as valid identification documents:

- Voter ID Card
- Passport
- Professional License
- Military Record
- Driver's License
- INAPAM Card

***The official identification presented must be valid.**

In case the Holder exercises their rights through a representative:

Full name of the representative: _____

Official identification: _____ **No.:** _____

Issuing Authority: _____

Document with which they prove their legal capacity (notarial instrument / power of attorney)

***Please attach a copy of the official identification of the Holder and, where appropriate, of the representative and copy of the respective document proving their legal capacity.**