

FORM

Data Subject Rights Regarding Personal Data

Dear Sir/Madam,

In accordance with the General Law on the Protection of Personal Data (LGPD - Law No. 13.709, dated August 14, 2018), I hereby request to exercise my rights as a DATA SUBJECT in the following situation:

- ☐ Confirmation of the existence of data processing
- ☐ Access to the data
- ☐ Correction or update of the data
- ☐ Anonymization, blocking, or deletion of processed data
- ☐ Information on public and private entities with which the data has been shared
- ☐ Withdrawal of consent
- ☐ Objection to data processing carried out under Legitimate Interest
- ☐ Other _____

DATA SUBJECT'S INFORMATION

(Information required to accurately locate the data subject and ensure the secure provision of information)

Full name:

Social Security Number (last 4 digits only, optional):

Government-issued ID (e.g., driver's license or passport):

E-mail:

Phone number:

I declare under penalty of law that the information provided in this form is true and accurate.

Data Subject's Signature

Note: The completed and signed form must be submitted along with a copy of a valid government-issued identification document (e.g., driver's license or passport) to verify the identity of the Data Subject. Please send it to Email: juridico@consultomaq.com.br.