Verifiable Rights Request Form

Residents of certain jurisdictions (the “**Resident**”) may have the right to access, delete, or exercise other rights regarding the personal information held by Kildare Partners US, LLC our affiliates, unless expressly stated otherwise, (“**Kildare**”) about that Resident.

For us to respond to your request, we ask that you submit your request using the form below.

We will confirm our receipt of your request within 10 days of its receipt by Kildare, and we expect to respond to your request within 45 days of Kildare’s receipt of a fully completed form and proof of identity. You do not have to use this form but using this form should make it easier for you to make sure you have provided us with all relevant information, and for us to process your request.

1. Name and Contact Information

Please provide the Resident’s information below. If you are making this request on the Resident’s behalf, you should also provide your name and contact information in Section 3.

We will only use the information you provide on this form to (i) identify you, (ii) respond to your request and (iii) keep a record of your request and our response.

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| --- | --- |
| **First and last name (required):** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **Email address (required):** |  |

1. Proof of Resident’s Identity

We must verify your identity before we can respond to your access and/or deletion request. We will use the information provided above to verify your identity, but we may request additional information from you to help confirm your identity and to exercise your rights under state law. We reserve the right to refuse to act on your request if we are unable to identify you and will notify you in the event that we cannot identify you.

1. Requests Made by an Authorized Agent on a Resident’s Behalf

Please complete this section of the form with your name and contact details if you are acting as an authorized agent on the Resident’s behalf.

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| **Authorized Agent first and last name:** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **Email address:** |  |
| **What is your relationship to the Resident (for example, attorney, solicitor, other adviser, parent, or caregiver)?** |  |
| **Do you have legal authority to request the Resident’s personal information?** | Yes / No |

We may request additional information from you to help confirm the Resident’s identity. We reserve the right to refuse to act on your request if we are unable to identify the Resident or verify your legal authority to act on the Resident’s behalf and will notify you in the event that we cannot identify the Resident or verify your ability to act on the Resident’s behalf.

1. Resident Request

Please indicate your state and country of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select from the following request categories (check all that apply). I would like to exercise my right to:

|  |  |
| --- | --- |
| ☐ | Access and receive my personal information |
| ☐ | Delete my personal information |
| ☐ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

To help us process your request quickly and efficiently, please provide as much detail as possible about the personal information you are requesting access to or to have deleted from our systems. Please include time frames, dates, names, types of documents, file numbers, or any other information to help us locate your personal information.

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We will contact you for additional information if the scope of your request is unclear or does not provide sufficient information for us to conduct a search. We will begin processing your request as soon as we have verified your identity and have all of the information we need to locate your personal information.

The personal information you request will be mailed to the home or email address you provided above. If you have a question, please contact us at dataprotection@kildarepartners.com or Kildare Partners US, LLC Attention: Privacy Inquiries, 1301 Solana Boulevard Building 2, Suite 2300, Westlake, TX 76262.

If we cannot provide you with access to or delete your personal information, we will inform you of the reasons why, subject to any legal or regulatory restrictions.

Our Privacy Policy is available at: https://www.kildarepartners.com/Privacy.html*.*

Acknowledgment

Please email a completed copy of this form to [dataprotection@kildarepartners.com](mailto:dataprotection@kildarepartners.com) or mail to Kildare Partners US, LLC Attention: Privacy Inquiries, 1301 Solana Boulevard, Building 2, Suite 2300, Westlake, TX 76262.

I confirm that the information provided on this form is correct and that I am the person whose name appears on this form either as the Resident or Resident’s Authorized Agent. If I am the Resident’s Authorized Agent, I confirm that I am authorized to act on behalf of the Resident. I understand that Kildare must verify my identity and in the case of Authorized Agents, my legal authority to act on the Resident’s behalf, and may need to request additional verifying information. My request will not be valid until Kildare receives all the required information to process the request.

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|  | *Signature* |
|  |  |
|  | *Name Printed* |
|  |  |
|  | *Date* |
|  |  |