

Subject Access Request

Each of these rights may be exercised by submitting this form to privacy@fobi.ai or mailing it to 541 Howe St. 2nd Floor, Vancouver, BC V6C 2C2. If you are printing this form for submission please use block letters and tick "X" where necessary.

Subject's Data:

Full Name: _____

Date of Birth: _____

Address for Correspondence: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

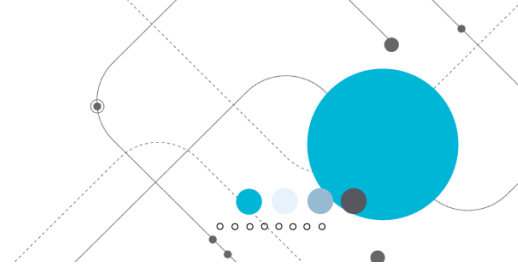
Country: _____

Telephone: _____ Email: _____

With Regard to:

- | | |
|--|---|
| <input type="checkbox"/> Right of Access | <input type="checkbox"/> Right to Restriction of Processing |
| <input type="checkbox"/> Right to Rectification | <input type="checkbox"/> Right to Object |
| <input type="checkbox"/> Right to Erasure
(Right to be Forgotten) | <input type="checkbox"/> Right to Data Portability |





Description of the Request:

Preferred way on Feedback for the Request:

- In writing to the provided address
- Electronically via email

Date: _____

Signature: _____