

## **CPRA Consumer Request Form**

This CPRA Consumer Request Form allows our data protection team to collect information for a request concerning the processing of personal information about consumers in California.

## PLEASE WRITE IN BLOCK CAPITALS

Consume	r Information	
Name:		
Address Line 1:		
Address Line 2:		
City:	State:	Zip:
Email:	Phone:	
		Name of Umicore Business Unit:  Name of Country where your Umicore contact is located:
Unique identifiers or related information to help us locate your personal information (such as employee number, customer number, etc.)		
Relationshi	p to Consumer	
Relationship to Consumer   Self  Authorized Agen	nt	
If Authorized Agent, please fill in below and request that individed ata_protection@umicore.com and forward to legal.  Name:  Address Line 1:	lual submit proof of aut	
Address Line 2:		
City:	State:	 Zip:
Email:	Phone:	
Relationship to consumer:		

## Verification

We require proof of your identity before we can respond to your request. To help us establish your identity, you must provide identification that clearly shows your name and current address, or we may contact you to verify some pieces of personal information against what we have previously collected. We will contact you for advice on how to provide this information or for advice on other acceptable forms of identification if you do not have such documentation.

Note: We will generally acknowledge the receipt of this form within ten (10) business days. We will generally process all such requests within forty-five (45) days of receipt of this form, and will inform you if we require an additional forty-five (45) days.

All requests are subject to limitations set forth in the CPRA. If the request is subject to a limitation or otherwise denied, we will inform you of the basis for the limitation or denial.





## DECLARATION

I declare under penalty of perjury that the foregoing is true and correct and that I am the consumer listed above to whom the personal information pertains (or a person authorized to make this request on behalf of such consumer). I understand that any false representation to knowingly and willfully obtain personal information of a third party may be punishable by law.

Print Name:	Signature:	
	Print Name:	
Date:	Date:	



Access Requests
☐ <b>Categories:</b> I request to know about the collection and use of personal information that Umicore has collected about the consumer, including:
<ul> <li>Categories of personal information collected;</li> </ul>
<ul> <li>Categories of sources personal information was collected from;</li> </ul>
<ul> <li>Categories of personal information sold/disclosed;</li> </ul>
<ul> <li>Categories of third-parties to whom personal information was sold, shared for cross-context behavioral advertising, or disclosed;</li> </ul>
<ul> <li>Business or commercial purpose for collecting personal information.</li> </ul>
□ <b>Specific Pieces:</b> I request Umicore to provide me with the specific pieces of personal information Umicore has about the consumer in a generally portable format (subject to limitations described below).
□ <b>Date Range:</b> Please limit the response to this request to personal information collected or maintained after the following date: (if you do not specify, we will provide the personal information we collect or maintain after January 1, 2022).
<b>Note:</b> Each of the above may be subject to further limitations. If the request is subject to a limitation or otherwise denied, we will inform the consumer.
<b>Note:</b> We cannot disclose a consumer's social security number, driver's license number, or other government-issued ID, financial account number, account password or security questions or answers. We will redact such pieces of personal information, but we will provide you general description of the information redacted.
Erasure Requests
☐ I request to have the consumer's personal information deleted
* Note: This will be subject to verification. You will have to return a written confirmation that they want their information erased.
Correction Requests
☐ I request to have the consumer's incorrect personal information corrected
* Note: You will have to provide appropriate documentation that the information Umicore currently has is incorrect and that the information provided by you is complete and correct. We will only use the information you provide for the purpose of correcting the personal information and for recordkeeping as required under the CPRA.
Sale of Personal Information
☐ <b>Do not sell the personal information:</b> I hereby opt-out of the sale of the consumer's personal information by Umicore
□ <b>OK to sell the personal information:</b> I hereby opt-in to the sale of the consumer's personal information by Umicore
Sharing of Personal Information for Cross-Context Behavioral Advertising
□ <b>Do not share the personal information:</b> I hereby opt-out of the sharing of the consumer's personal information by Umicore for cross-context behavioral advertising.
$\Box$ <b>OK to share the personal information:</b> I hereby opt-in to the sharing of the consumer's personal information by Umicore for cross-context behavioral advertising.
Limit the Use of the Sensitive Personal Information
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☐ Limit the Use of the Sensitive Personal Information: I hereby request that Umicore limit the use of the consumer's Sensitive Personal Information to only the purposes necessary for which it was collected.





For Office Use Only				
Date Received:	Date acknowledged:	Date completed:		
Identity verification method:				
Action Taken: ☐ Complied	☐ Declined in part	☐ Declined		
Reason for Denial: (if applicable):				
Payment Required: ☐ Yes	□ No Fee r	received: Date:		