

GRUPOHABITA	Format	CODE	
	ARCO rights application (Grupo Habita Company)	EDITION	1
		DATE	

Name of owner:
Name of Representative: (If applicable)
Address:
Street: Interior Number: Exterior Number: Colony: Delegation or Municipality: Zip Code: Country: Email: *Phone(s): *Fax:

I,....., in my character as:

- Holder of Personal Data,
- or
- Legal Representative

I declare under protest to tell the truth: (i) that I am of legal age and that I have full legal capacity to bind myself or to obligate my representative under the terms of this application; (ii) that all data set forth in this application are true and accurate; (iii) that all documents attached to this application whether in original or copy, in printed or digital format, are authentic and lawful, and (iv) that the delivery of my personal data and / or the documents annexed are intended to exercise my right to:

☐ ACCESS ☐ RECTIFICATION ☐ CANCELLATION ☐ OPPOSITION

In terms of articles 23 and 29 of the Federal Law on Protection of Personal Data Held by Private Parties (LFPDPPP) and other applicable regulations.

Official document with which the Holder of Personal Data proves his identity

The document must be presented in original or certified copy before **(GRUPO HABITA COMPANY)** for comparison with the simple copy in printed or digital format.

☐ Voting Card

☐ Professional License

☐ Valid passport

☐ Others
Specify:

Response Delivery Means

Choose one of the options corresponding to the means by which you want the answer to your request delivered:

☐ Email indicated on the cover of this application.

☐ Email other than the one indicated on the cover of this application: _____.

☐ Postal mail to the address indicated on the cover of this application.

☐ Postal mail to an address other than the one indicated on the cover of this application. Please complete the following information:

Street:

Interior No:

Zip Code:

State:

Country:

Exterior No.:

Colony:

Delegation:

City:

NOTE: In the Zip Code options, you will be asked to pay the corresponding reproduction and shipping costs as provided in articles 34 of the LFPDPPP and 93 of its Regulations.

☐ Face-to-face in offices: (Indicate the full address where the response to the ARCO right request will be delivered in person).

Request:

a) Specify clearly and precisely the personal data of those requesting to exercise their right:

- b) Indicate the reasons why you want to exercise your right (cancellation / opposition to specific purposes / rectification of specific data):

- c) Documentation to support your request

The documents must be presented in original or certified copy before **(GRUPO HABITA COMPANY)** for comparison with a simple copy in printed or digital format.

If you require more space, check the following box and specify the number of sheets required

☐ Annex _____ sheets

Name of owner:

Name of legal Representative:
(If applicable):

Signature



Click on the button – I expressly accept the terms and conditions of this application

Legal Representative

If the request is submitted by the legal representative of the data holder, the information and documentation described in the section you choose must be submitted:

☐ Original of the power of attorney, in printed or digital format with the advanced electronic signature of the notary public that issued it, and the official identification of the agent and the owner of the data. These documents are collated and returned to the legal representative in the facilities of **(GRUPO HABITA COMPANY)** or are sent to you by postal mail, for which you must cover the corresponding cost.

☐ Power of attorney and official identification of the agent and the holder of the data scanned and delivered under protest of telling the truth that the documents are authentic and lawful.

☐ Original of the power of attorney signed autographically by the owner of the data, the legal representative and the witnesses, with their official identifications. The official identifications are checked and returned to the legal representative at the facilities of **(GRUPO HABITA COMPANY)** or are sent to you by postal mail, for which you must cover the cost of shipping.

☐ Power of attorney and official identification of the owner of the data, of the legal representative, as well as of the witnesses, scanned and delivered under protest of telling the truth that the documents are authentic and lawful.

POWER OF ATTORNEY

Mr., Mrs.

Mandatory:

I hereby grant you a special, broad, fulfilled and sufficient power, in terms of law, so that, in my name and representation, I will carry out the proceedings before **(GRUPO HABITA COMPANY)** to have access to information about the treatment said Company is giving to my personal data and the essential circumstances of the treatment, as well as to hear and receive the conductive notices derived from the exercise of my right to:

☐ ACCESS ☐ RECTIFICATION ☐ CANCELLATION ☐ OPPOSITION

This power of attorney is granted in accordance with the provisions of Articles 28 and 29 of the Federal Law on Protection of Personal Data Held by Private Parties and Article 2554 of the Federal Civil Code and its correlative Civil Code for Mexico City.

Date and place

Name and signature of the data holder

Mandatory

Address:

Name and signature of the Witness

Name and signature of the Witness

Address

Address

Name and signature of the Mandatory

Address:

Documents to prove identity:

Data Holder:

☐ Voting card

☐ Valid passport

☐ Professional License

☐ Others
Specify:

Legal Representative:

☐ Voting card

☐ Valid passport

☐ Professional License

☐ Others
Specify:

Witness:

☐ Voting card

☐ Valid passport

☐ Professional License

☐ Others
Specify:

Witness:

☐ Voting card

☐ Valid passport

☐ Professional License

☐ Others
Specify:
