DATA SUBJECT ACCESS REQUEST FORM

Please complete using capital letters only. Complete as much of the requested information as possible, providing as much detail as you are able. The more detail you're able to provide concerning your request, the more likely X-Care.ai will be to find the information that you seek. The information provided herein will only be used in order to process your request, and will not be kept any longer than is necessary to do so.

1. Relationship to X-Care.ai

■ Employee/Applicant of X-Care.ai ■ Consumer/Customer of X-Care.ai

2. Details of the Individual Requesting Information

Full Name: _____ **Fax Number:** _____

Postal Address: _____ **Physical Address:** _____

Primary Telephone Number: _____ **Alternate Telephone Number:** _____

Primary Email: _____ **Alternate Email:** _____

3. Are You the Data Subject? Is the Information About You?

YES: If the requested information is about you, please include the following with this completed form:

• Multiple forms of current identification, each bearing your photograph and your signature, that will allow us to verify your identity and match that identity with our data records, such as a copy of your passport, driver's license, and other supporting documentation.

• A recent bill from a utility, rental agency, or mortgage company as proof of address.

• Then, please continue on to Question #6.

NO: If you are acting on behalf of the data subject with their legal written authority, please include the following with this completed form:

• Multiple forms of current identification for both you and the data subject, each bearing a photograph and a signature, that will allow us to verify each of your identities and to match the data subject's identity with our data records, such as a copy of a passport, a driver's license, and other supporting documentation.

- A recent bill from a utility, rental agency, or mortgage company as proof of address for the data subject.
- A signed copy of the legal written authority that allows you to act on behalf of the data subject.
- Then, please complete Questions #4 and #5.

4. Details of the Data Subject

Full Name: _____ **Fax Number:** _____

Postal Address: _____ **Physical Address:** _____

Primary Telephone Number: _____ **Alternate Telephone Number:** _____

Primary Email: _____ **Alternate Email:** _____

5. Please Describe Your Relationship with the Data Subject that Leads You to Make this Request for Information on Their Behalf

Description: _____

_____

_____

_____

_____

_____

_____

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_____

6. The purpose of submitting this request is to:

■ Know what information is being collected from me (Right to Know/Access)

■ Have my information deleted and/or forgotten (Right to Delete/Right to be Forgotten)

■ Opt out of having my data transferred or shared with third parties (Right to Opt-Out)

■ Receive or transfer my collected data in a readily usable format (Right to Data Portability)

■ Correct inaccurate personal information about me (Right to Correct/Rectify)

■ Limit the use of my sensitive personal information (Right to Limit Sensitive Personal Information)

■ Limit the use of my data in automated-decision making (Right to Access and Limit Automated Decision Making)

■ Other

7. Please Enclose any Additional Information that May Assist X-Care.ai in Processing Your Request as Accurately and Quickly as Possible

_____

_____

_____

_____

_____

_____

DECLARATION

To be completed by all requestors. Please note that any attempt to mislead may result in prosecution.

I, _____ (Name), under penalty of perjury, certify that the information given on this request form to X-Care.ai is true. I understand that it is necessary for X-Care.ai to confirm my or the data subject's identity, and that it may be necessary for X-Care.ai to obtain more detailed information in order to locate the correct personal data. I understand that X-Care.ai will respond to this request without undue delay as soon as identities have been verified and all necessary, relevant details have been received.

Print Name: _____ **Date:** _____

Signature: _____
_____

INSTRUCTION

Please email this completed form with all requested detail to:

For Employees/Applicants and Consumers/Customers:

Raja Ramachandran
Email: raja@x-care.ai
Phone: 917-608-3981