

Personal Data

Dear Visitor

The New Federal Act on Data Protection (nFADP) and the Regulation (EU) 2016/679 (General Data Protection Regulation ("GDPR")) provides you (the "data subject") with certain rights regarding your personal data (that is "information about you"). Please use the following form to submit a request or complaint to us Numab Therapeutics AG and our Affiliates ("Numab"). Your request or complaint is about access, rectification, erasure, restriction of processing, portability, objection to processing, or objection to automated decisions of your personal data.

To ensure the protection of your personal data submitted through the form via email, we recommend you use end-to-end encryption. Alternatively, you have the possibility to print the form, fill it in, and mail it to one of the following addresses:

- European Union: Vivenics B.V., P.O. Box 228, 5340 AE Oss, Netherlands.
- Switzerland: Numab Therapeutics AG, Bachtobelstrasse 5, 8810 Horgen, Switzerland.

- United States: Numab US LLC, P.O. Box 902, Northboro, 01532, Massachusetts, United States.

The information you provide us is the basis on which we search for your personal data and process your request or complaint.

If you have any further questions or wish to send the form via email, please do not hesitate to contact our Data Protection Officer at dataprotection@numab.com.

If you are a resident of the European Union (EU), Iceland, Liechtenstein, or Norway, you may also contact our EU GDPR Representative: representative@vivenics.com.

I am responsible for overseeing the response to your request or complaint. Following the submission of your request or complaint, you will receive a confirmation email and we plan to get back to you within one month of submission.

Yours sincerely,

Your Numab Data Protection Officer on behalf of Numab

Please identify yourself

*First name

Middlename

*Surname

*Adress line 1

Adress line 2

*City

*Post/zip code

State

*Country

*email

*Phone number

Note: Please provide (a) phone number(s) where we may reach you in case of questions.

**items highlighted with an Asterisk (*) are mandatory information that must be provided.*

What is your preferred language of correspondence?

☐ English	☐ French	☐ German	
☐ Spanish	☐ Italian	☐ Other:	

What is your relationship with us?

- ☐ No relationship with Numab
- ☐ Website and/or app user
- ☐ Job applicant

- ☐ Employee of potential business customer of Numab
- ☐ Employee of a business customer of Numab

- ☐ Employee of a supplier of Numab
- ☐ Employee of Numab, former
- ☐ Employee of Numab, current
- ☐ Consultant working for, please specify:

Other, please specify:

Note: Please tick all applicable boxes.

What is the period of this relationship with us?

Start Date?

End Date?

Please state your request

Right of access:
 Please describe
 which personal data
 you wish to access.

Right of rectification:
 Please describe
 which personal data
 you wish to correct.

Which data are inaccurate or incomplete?

What is the correct and complete entry?

Right of erasure:
 Please describe
 which personal data
 you wish to have
 erased, for how long,
 and the reason for
 erasure.

Right of temporary
 restriction of
 processing:
 Please describe
 which personal
 data you wish to
 temporarily restrict
 us from processing.

Data

Duration

Reason

Right to data
 portability:
 Please describe
 which personal
 data you wish to
 obtain or transfer to
 somebody else.

Reason

Data

Transfer
 to (if
 applicable)

Means of transfer

- ☐ electronic OR
☐ regular post OR
☐ Other:

(tick one box only!)

Notes: When provided, your personal data is in a generally legible format. For electronic transfers, the transfer is encrypted.

Right to object:
 Please describe to
 which processing
 of personal data
 you object to and
 the reason for your
 objection.

Right to not be
 subject to a decision
 which may include
 a measure based
 solely on automated
 processing,
 including profiling.

To which decision do you object to:

Which decision do you request to be
 supplemented by manual processing:

Please state your
 complaint, if any:

When complete, please send this form by email or regular mail (as described on the first page of this form). Please attach a document that confirms your identity. This may be, for example, a copy/picture of your passport, driver's license, national identity card (ID). **Please make sure your passport, license, or national ID number is blurred and watermarked, so i.e. your social security number and the document number is not readable for us. We only need you full name, date of birth, expiration date and document type.** Please do not hesitate to consult any of your government's guidelines for blurring these numbers. After submission, you will receive a confirmation email or letter and a request number. If you did not receive the confirmation email, please check your spam folder, or verify your email address and re-submit this form.