**Personal Information (Access, Correction, Deletion, or Processing Suspension, Withdrawal of Consent) Request**

|  |  |  |  |
| --- | --- | --- | --- |
| Data Subject | Name | | Phone number |
| Birth Date (MM-DD-YY) | | |
| Address | | |
| Representative  (Agent or Attorney-in-Fact)  *Please fill out this section only when you, the undersigned, are a representative.* | Name | Phone number | |
| Birth Date (MM-DD-YY) | Relationship with the Data Subject | |
| Address | | |

Please tick the required actions (Access, Correction/Deletion, Processing Suspension, and/or Withdrawal of Consent) and indicate any other required information.

|  |  |
| --- | --- |
| Access [ ] | [ ] the personal information to be processed  [ ] the purpose of collection and use of personal information  [ ] the period of use and retention of personal information  [ ] the status of the provision of personal information to third parties  [ ] the proof of the data subject’s consent to processing personal information |
| Correction/  Deletion [ ] | Please state the personal information to be requested for correction or deletion and the reasons. |
| Processing Suspension [ ] | Please state the personal information to be requested for processing suspension and the reasons. |
| Withdraw of Consent [ ] | 1. Please describe the data and processing for which you wish to withdraw your consent.  1) The Data Subject withdraws consent to GI Cell Inc. processing the specific personal data items listed below:    2) The Data Subject withdraws consent to GI Cell Inc. using the Data Subject’s personal data for the following purposes:  2. Please include any additional comments below to help us process your request, if any: |

The undersigned requests to GI Cell Inc. as above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Date (MM-DD-YY):