

Telerivet, Inc.

PORTABILITY REQUEST FORM REGARDING PERSONAL DATA PURSUANT TO PHILIPPINES LAW

NAME: _____
COMPANY (IF ANY): _____
EMAIL ADDRESS: _____
YOUR COUNTRY OF RESIDENCE: _____
PLEASE SET FORTH THE ADDRESS (EMAIL OR OTHERWISE) TO WHICH THE COPY SHOULD BE SENT: _____

PLEASE COMPLETE AND SEND VIA EMAIL TO: dataprotectionofficer@telerivet.com

I hereby request pursuant to the Republic of the Philippines Data Protection Act, that any and all personal data that Telerivet possesses regarding me,

_____, be sent to _____
Legibly print or type full name

Legibly print name, address and email address of entity to whom you request Telerivet to send information it may have regarding you

Requested by:	Approved by:	Action Taken:
_____ Signature over Printed Name	_____ Signature of DPO	_____ _____ _____
Date: _____	Date: _____	By: _____ Date: _____

Other comments (initial or sign): _____