

PERSONAL DATA PROTECTION

FORM FOR REVOCATION OF CONSENT AND EXERCISE THE ARCO RIGHTS (ACCESS, RECTIFICATION, CANCELLATION AND OPPOSITION)

The present form must be filled by the user owner of the personal data or by his/her legal representative.

It is essential to fill in all the required information by this form, since it is the only way that we can actually verify your identity and will be able to attend you request.

Please provide the information without abbreviations.

Family name: _____

Middle name: _____

Given name(s): _____

Cell phone number: _____

Date of birth: _____ month _____ day _____ year VAT id: _____

Address: _____

Street: _____

Exterior number: _____ Interior number: _____

Delegation or municipality: _____

ZIP code: _____ State: _____

Please attach the information that confirms the representation of the information owner by terms of law.

TYPE OF REQUEST (mark with an "X" the desired option)

Access ☐

Cancellation ☐

Rectification ☐

Opposition ☐

Revocation ☐

Please indicate the e-mail address to notify the response of your request for ARCO rights and/or revocation of consent:

Please describe clearly and precisely the personal data regarding which you seek to exercise some of the rights mentioned above:

Following electronic copies of documents attached to your request (mark with an "X")

Valid ID

Voter credential ☐

FM2, FM3 (Current migration document) ☐

Driving license type A, B or C (issued in Mexican

Digitalized professional license ☐

Republic, foreign licenses are not accepted ☐

Only in the case of exercising the right of personal data Rectification, please attach the documentation that supports such changes, being the following:

The personal information that your provide through this form has, as only objective, to verify the identity of the owner or its representative and to safeguard the safety of the same.