

### CCPA Consumer Request Form

This CCPA Consumer Request Form allows our data protection team to collect information for a request concerning the processing of personal information about consumers in California. Please provide as much information as you are able, which will help us fully respond to your request.

**PLEASE WRITE IN BLOCK CAPITALS**

Consumer Information	
Name: _____	
Address Line 1: _____	
Address Line 2: _____	
City: _____	State: _____ Zip: _____
Email: _____	Phone: _____
	Name of Umicore Business Unit: _____
	Name of Country where your Umicore contact is located: _____
<p>Unique identifiers or related information to help us locate your personal information (such as employee number, customer number, etc.)</p>	

Relationship to Consumer	
Relationship to Consumer <input type="checkbox"/> Self <input type="checkbox"/> Authorized Agent	
If Authorized Agent, please fill in below and request that individual submit proof of authorization to Umicore: <a href="mailto:data_protection@umicore.com">data_protection@umicore.com</a> and forward to legal.	
Name: _____	
Address Line 1: _____	
Address Line 2: _____	
City: _____	State: _____ Zip: _____
Email: _____	Phone: _____
Relationship to consumer: _____	

Verification
<p>We require proof of your identity before we can respond to your request. To help us establish your identity, you must provide identification that clearly shows your name and current address, or we may contact you to verify some pieces of personal information against what we have previously collected. We will contact you for advice on how to provide this information or for advice on other acceptable forms of identification if you do not have such documentation.</p>

*Note: We will generally acknowledge the receipt of this form within ten (10) business days. We will generally process all such requests within forty-five (45) days of receipt of this form, and will inform you if we require an additional forty-five (45) days.*

*All requests are subject to limitations set forth in the CCPA. If the request is subject to a limitation or otherwise denied, we will inform you of the basis for the limitation or denial.*

**DECLARATION**

I declare under penalty of perjury that the foregoing is true and correct and that I am the consumer listed above to whom the personal information pertains (or a person authorized to make this request on behalf of such consumer). I understand that any false representation to knowingly and willfully obtain personal information of a third party may be punishable by law.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



**Access Requests**

- Categories:** I request to know about the collection and use of personal information that Umicore has collected about the consumer, including:
- Categories of personal information collected;
  - Categories of sources personal information was collected from;
  - Categories of personal information sold/disclosed;
  - Categories of third-parties to whom personal information was sold, shared for cross-context behavioral advertising, or disclosed;
  - Business or commercial purpose for collecting personal information.

**Specific Pieces:** I request Umicore to provide me with the specific pieces of personal information Umicore has about the consumer in a generally portable format (subject to limitations described below).

**Date Range:** Please limit the response to this request to personal information collected or maintained after the following date: \_\_\_\_\_ (if you do not specify, we will provide the personal information we collect or maintain after January 1, 2022).

*Note: Each of the above may be subject to further limitations. If the request is subject to a limitation or otherwise denied, we will inform the consumer.*

*Note: We cannot disclose a consumer's social security number, driver's license number, or other government-issued ID, financial account number, account password or security questions or answers. We will redact such pieces of personal information, but we will provide you general description of the information redacted.*

**Erasure Requests**

I request to have the consumer's personal information deleted

*\* Note: This will be subject to verification. You will have to return a written confirmation that they want their information erased.*

**Correction Requests**

I request to have the consumer's incorrect personal information corrected

*\* Note: You will have to provide appropriate documentation that the information Umicore currently has is incorrect and that the information provided by you is complete and correct. We will only use the information you provide for the purpose of correcting the personal information and for recordkeeping as required under the CCPA.*

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**For Office Use Only**

Date Received: \_\_\_\_\_ Date acknowledged: \_\_\_\_\_ Date completed: \_\_\_\_\_

Identity verification method: \_\_\_\_\_

Action Taken:  Complied       Declined in part       Declined

Reason for Denial: (if applicable): \_\_\_\_\_

Payment Required:       Yes       No      Fee received: \_\_\_\_\_ Date: \_\_\_\_\_