



PERSONAL DATA ACCESS REQUEST FORM

You have the right to request personal data we may hold about you. This is known as a Personal Data Access Request ("PDAR"). If you wish to make a PDAR, please complete this form and return to us by post or email.

If sending by US Mail, please use the following address:

King Technology, Inc.
Attn: Director of IT
530 11th Avenue South
Hopkins, MN 55343

If sending by Email, please use the following address: dataprivacyrequest@kingtechnology.com, and write "Personal Data Access Request" in the subject field of the email.

1. Full Name		2. Date of Birth	
3. Current Address			
4. Telephone Number			
Home Phone		Mobile Phone	
5. Specify which type data request you are making:			
<input type="checkbox"/>	Subject Access Request: Confirm whether or not we are processing your personal information and, if we are processing such personal information, that we provide you with access to that personal information and certain information about our processing of that personal information		
<input type="checkbox"/>	Rectification Request: Correct and/or complete any inaccurate personal information that we hold about you (note below).		
<input type="checkbox"/>	Erasure Request: Delete personal information that we hold about you.		
<input type="checkbox"/>	Restriction of Processing Request: Restrict our processing of your personal information.		
<input type="checkbox"/>	Data Portability Request: Provide you OR your appointed representative with your personal information in a structured, commonly used and machine-readable format.		

6. Is the information going to be sent to you (the subject of the data) or to your representative?

To me To my representative

If the data is sent to your representative, complete sections 9 and 10.

7. I confirm that I am the subject of the data requested.

Signature _____

Print Name _____

Date _____

I enclose a copy of my ID and address proof documents (including a government issued ID document).

8. (To be filled out if question 7 is answered with "To my representative"). You must give written authorization for the information to be released to your authorized representative.

I hereby give my authorization for _____ to access my personal data

Fill out the name of the authorized representative

Your signature _____

Print name _____

9. (To be filled out by your representative) I confirm that I am the authorized representative of the requestor.

Name of authorized representative and address where personal data is to be sent:

Signature _____

Print Name _____

Date _____

We will make every effort to process your Personal Data Access Request as quickly as possible within 30 calendar days. However, if you have any questions while your request is being processed, please do not hesitate to contact us at this email address: dataprivacy@kingtechnology.com.