

California Consumer Privacy Act

Authorized Agent Rights Request Form

California residents (“Data Subjects”) have the right to designate an authorized person or entity to exercise rights granted to them under the California Consumer Privacy Act, as amended by the California Privacy Rights Act (“CCPA”). Complete and submit this form to make this designation. This form, along with copies of required documents, should be sent to Audigent at the physical address or email address listed here: 200 Varick Street, Suite 514, New York, NY 10014 and yourprivacyrights@audigent.com. Audigent may take up to 45 days to fulfill the consumer’s request.

➤ **Your Information**

For all Rights Requests, please provide the following consumer information:

- Full Name: _____
- Address: _____
- Email Address: _____
- Phone Number: _____

➤ **Your Affirmation**

By submitting this Authorized Agent form and signing, I affirm the following:

- I am the Data Subject whose name appears above and the information provided in this form is true and accurate.
- I am a California resident.
- I understand that to verify my identity and confirm designation of my “Authorized Agent” listed below, I may be contacted directly using the information provided above.
- I grant the Authorized Agent permission to submit the request(s) indicated below to Audigent on my behalf.
- I authorize Audigent to process such request(s) and I understand that any responses produced in connection with a request to process my personal information will not be sent to my Authorized Agent, and will instead be sent directly to me at the address provided above.
- The Authorized Agent is a natural person or a business registered with the Secretary of State to conduct business in California.
- I agree to defend, indemnify, and hold harmless Audigent (including any affiliates and related corporate entities) from and against any and all claims that arise against Audigent in relation to any information contained or its reliance upon this Authorized Agent Form.

Please note, if you are designating an entity to act on your behalf, California law requires that any such entity is registered with the Secretary of State

➤ **Your Authorization**

I, Data Subject, designate the Authorized Agent listed below for the sole purpose of submitting the following request(s) on my behalf:

- **Right to Know / Access:** Request to view personal information collected by Audigent within the past 12 months.
- **Right to Delete:** Request that Audigent delete personal information collected from the consumer.
- **Right to Correct:** Request that Audigent correct inaccurate personal information about the consumer.
- **Right to Opt-Out:** Request that Audigent stop selling or sharing personal information to third parties.

Rights Request Type(s):

➤ **Your Authorized Agent Information and Your Signature**

- Authorized Agent Full Name or Business Name: _____
- Authorized Agent Address: _____
- Authorized Agent Phone Number: _____
- California Secretary of State Registration Number (if applicable): _____

Signature of Requestor: _____
Print Name: _____
Date: _____