

®

Network Shipping

Data Subject Access Request Form

Please complete sections 1-3 if you are applying to access your own personal information. If you are giving permission to someone else to apply for access to your personal information on your behalf, all sections must be completed. Please print clearly in ballpoint pen.

I. Personal Details (of Data Subject)

Name: _____

Last Name: _____

Address: _____

Telephone Number: _____

Email: _____

Before processing your request, we need to have proof the identity of the Data Subject. This is to protect the identity of the data subject and ensure compliance with the Data Protection Laws.

II. Details of Information Required (Please be as specific as possible)

III. Authorization of Data Subject

Signature: _____ Date: _____

If an authorized agent is requesting the information on behalf of the Data Subject, we also need to establish proof of their identity

IV. Personal Details (of Authorized Agent acting on behalf of Data Subject)

Name: _____

Last Name: _____

Address: _____

Telephone Number: _____

Email: _____

V. Proof of Identity (of Authorized Agent acting on behalf of Data Subject)

If you are acting on behalf on the Data Subject, you must enclose a copy of your identification and official documentation showing that you are authorized to apply on behalf of the Data Subject (e.g. sworn affidavit, power of attorney.) This is to protect the identity of the Data Subject and ensure compliance with the Data Protection Laws.

VI. Notice

In line with Data Protection laws, you will receive a response to your request within 30 calendar days of receipt of this form and the necessary identification.

Please return the completed form to:

Privacy Officer,

Network Shipping Ltd.

241 Sevilla Avenue

Coral Gables, FL 33134

You can also call our toll-free number **1(833) 981-0038** and provide the information listed on this Data Subject Access Request Form orally.