**ARCO Rights Exercise Request Form**

**RESPONSIBLE FOR PROCESSING:** Arrendamiento Especializado Turístico S.A. de C.V.

**INFORMATION ABOUT THE APPLICANT:**

|  |  |
| --- | --- |
| Full name: |  |

**DOMICILE OR OTHER MEANS APPOINTED BY YOU TO RECEIVE A REPLY:**

|  |  |
| --- | --- |
| Street: | Number: |
| Neighborhood: | District/Municipality: |
| Zip code: | Federal Entity: |
| Telephone: | E-mail: |

**APPLICANT'S PROOF OF IDENTITY:**

For the purpose of proving my identity, I am enclosing a copy of one of the following documents (examples: voting card, passport, military ID, professional card, driver's license and immigration document)

**INFORMATION ABOUT THE LEGAL REPRESENTATIVE:** (if necessary)

|  |  |
| --- | --- |
| Full name: |  |

**ACCREDITATION OF LEGAL REPRESENTATIVE IDENTITY:** (if necessary)

In order to prove the identity and powers of the legal representative, a copy of the following documents is attached:

|  |  |
| --- | --- |
| Power of Attorney signed before two witnesses ( notarized) |  |
| Public Instrument Number: \_\_\_\_\_\_\_\_ |  |

**IN ACCORDANCE WITH THE PROVISIONS OF THE FEDERAL LAW ON THE PROTECTION OF PERSONAL DATA IN POSSESSION OF INDIVIDUALS AND ITS REGULATIONS, I REQUEST**

**ACCESS:** I request access to my Personal Data which, to my knowledge, are contained in your databases, namely at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CORRECTION:** I request the rectification or correction of the following data, which, to may knowledge, are in your databases:

|  |  |
| --- | --- |
| Incorrect, inaccurate or incomplete data | Correct, accurate or complete data: |
|  |  |

The above, based on the following document: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(attach document proving the requested correction).

**CANCELLATION:** I request the cancellation of the following data, which, to my knowledge, are in your databases:

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**OPPOSITION:** I express my opposition to the processing of the following data, which, in my opinion, are contained in your databases, for the following reasons: (Describe the situation in which the processing of your personal data takes place and the reasons why you oppose it).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**OTHER ELEMENTS OR DOCUMENTS THAT FACILITATE THE LOCATION OF PERSONAL DATA.**

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We will proceed to attend your request and will inform you within a maximum of 20 (twenty) days from the date of this request, about the origin and the accomplishment of this procedure through the means that you have chosen.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name and Signature of the Owner or Legal Representative | Place and date. |