**FIDELIS TWO, S.A. DE C.V.**

**FTW1408051E2.**

**Calle Robert Schumann, No. 4898, Lomas del Seminario, Zapopan, Jalisco. C.P. 45038.**

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

**Sole Form for the Exercise of ARCO rights.**

The personal data provided through this Sole Form are exclusively intended to verify the identity of the title holder of or his/her legal representative to exercise his/her ARCO Rights (access, rectification, cancellation, opposition)

**I.- Title holder’s data of shis/her legal representative.**

1. **Name:**

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1. **Legal Representative:**

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1. **RFC (Taxpayer Registry number):**

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1. **Address:**

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1. **Telephone number:**

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1. **Email:**

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**II.- Types of ARCO rights.**

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|  | **Access** (Accessing your personal data and knowing our privacy notice)  |
|  | **Rectification** (Rectifying your personal data when they are inaccurate or incomplete)  |
|  | **Cancellation** (Cancelling your personal data, before blocking them) |
|  | **Opposition** (Opposing for legitimate reasons the processing in whole or in part of your personal data) |

**III.- Briefly describe your request.**

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**IV.- Only in case of ARCO Rights Request, describe exactly the personal data on which you intend to exercise any of the rights mentioned in section II above. In the case of Rectification, you shall indicate the corrections to be made, regarding the Opposition Right, you shall indicate if you oppose to a specific treatment by referring to the processing on which you are not satisfied.**

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**V.- To facilitate the location of your personal data, please specify the type of relationship with the company.**

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| --- | --- |
|  | Client |
|  | Supplier. |
|  | Shareholder. |
|  | Job applicant. |
|  | Worker. Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Ex-worker. Position and time period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Other. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**VI.- Procedure and requirements for sending this Sole Form.**

The title holder of the data must send this Sole Form duly filled-in to the following email address: avisoprivacidad@fidelismg.com, along with the necessary document to prove their authority, as appropriate, such as:

* Official identification (voter card, passport, National Military service card, professional license) or, where appropriate, with which the legal representation is accredited (instrument of the notary public or the power of attorney signed before two witnesses).
* In the Exercise of the Rectification Right of Personal Data, please add the documentation that supports the change.

In accordance with the Federal Law on Protection of Personal Data Held by Private Persons (LFPDPPP by its abbreviation in Spanish), its Regulations and other applicable provisions, you will receive a response to your ARCO Rights Request, within a not-exceeding 15- business days term (after receipt of your Sole Form and if applicable, it will be effective within fifteen (15) business days following receipt provided it proceeded.

If the information provided in this Sole Form is inaccurate or insufficient, or the corresponding accreditation documents are not attached to your request, within ten (10) business days following receipt of the Application, you may be required to provide the elements or documents necessary to process it. You will have five (5) business days to address the request, counted from the day after it was sent to you. If no response is given within this period, the corresponding Application will be considered as not submitted.

**VII.- Means in which the requested information may be reproduced.**

Your Request will be answered through the email you provided as contact information in paragraph f) of point I, of this Sole Form and that means you will be provided with the information electronically.