

DATA SUBJECT ACCESS REQUEST FORM

ORIGINS SOURCE INC.

Version 1.0

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Please fill out the information below and email it to us at contact@origins-source.com.

Full name*	
Phone number*	
PaLaLa account ID*	
Request date*	
You are submitting this request as*:	<input type="checkbox"/> The person, or parent/guardian of the person listed above <input type="checkbox"/> An agent authorized by the person listed above
Region and country of residence*	
Under the rights of which law is this request made?*	
Reason for request*	<input type="checkbox"/> I want to know what information is being collected from me <input type="checkbox"/> I want to have my information deleted <input type="checkbox"/> I want to opt out of data collection <input type="checkbox"/> I want to opt in to data collection <input type="checkbox"/> Other (Please specify in additional details box below)
Additional details/questions	

I confirm that:

- ☐ Under penalty of perjury, I declare all the above information to be true and accurate
- ☐ I understand that the deletion of my personal data is irreversible and may result in the termination and deletion of services with PaLaLa and Origins Source Inc.