

DATA SUBJECT REQUEST (“DSR”)

NewPace Ltd. (“**Company**”) values the privacy rights of its users. As required under applicable law, and specifically under the EU General Data Protection Regulation (“**GDPR**”) and the California Consumer Privacy Act of 2018 (“**CCPA**”) (collectively “**Data Protection Laws**”), individuals (among others European Union residents and California residents, respectively), are permitted to make certain requests regarding our processing of their Personal Data. In order to submit a request to exercise individual rights pursuant to the Data Protection Laws, please complete this form and send it to our privacy team at: **cr@newpacemedical.com**. Upon receipt of your completed request, we will process it and respond within the timelines required under applicable Data Protection Laws. If additional information is necessary, we will contact you using the contact information you provided in this form.

Information provided in connection with this request will be processed only for the purpose of processing and responding to your request and will be deleted immediately thereafter. For more information please review our [Privacy Policy](#) and [User Rights Policy](#).

Any DSR submitted to us shall be processed by us in our capacity as a “Data Controller”. Please note that if you are a Participant, the “Data Controller” of your data is the Customer. If we receive a DSR by a Participant, we will notify the relevant Customer. We will act in accordance with our Customers instructions in relation to data subject’s requests

Full Name: _____

Address (including ZIP): _____

Email Address: _____

Phone Number: _____

Please check the applicable box:

- I would like to receive information of why and how you are processing my information.
- I would like to receive a copy of the Personal Data you process on me.*
- I would like you to delete the Personal Data you hold on me.
- I would like to receive a copy of my data and transfer it to a third party.*
- I want to withdrawal my consent for processing my personal data (applicable under the GDPR).
- I would like to object to the processing of my Personal Data
- I believe the data you hold on me is incorrect and I would like to correct it.
- Other.

Substantiate the request- please provide additional information about your request:

What is your relationship with us (consumer, user, customer, employee, partner, etc.):

Verification of Identity

In order to keep the privacy of individuals safe we need to make sure you are indeed who you say you are, for this reason we need to verify your identity.

Please upload a photo ID document (i.e., driver license, passport).

Please provide proof of address so we can confirm your residency (upload one of the following: utility bill, bank statement, driving license, or tax document).

Thank you for filling in the form, please send it to: cr@newpacemedical.com We will process the request by the time specified in the Data Protection Laws, we reserve the right to extend the aforementioned period by the time specified in the Data Protection Laws if the request is complex or numerous or we require additional information.

The processing of the request is free of charge; however, we may want to reserve the right to charge a reasonable fee to cover certain administrative costs (such as providing additional copies of the data) or for handling manifestly unfounded or excessive requests

*Under the CCPA your rights only apply to the Personal Information (as defined therein) collected 12 months prior to the request and you are not entitled to submit more than 2 requests in a 12 months period.