

**REQUEST FOR EXERCISE ARCO RIGHTS**

Mark with and "x" as appropriate and write the required data

<input type="checkbox"/>	Customer	No. Customer:	_____	Date:	_____
<input type="checkbox"/>	Provider	No. Provider:	_____		
<input type="checkbox"/>	Collaborator	No. Collaborator:	_____		

**Name of the Holder of Personal Data:**

_____	_____	_____
Name (s)	Last Name	Mother's Last Name

**Name of the Legal Representative of Personal Data:**

_____	_____	_____
Name (s)	Last Name	Mother's Last Name

**Address:**

_____	_____	_____
Street and Number	Colony	Zip Code
_____	_____	_____
City	State	Phone number (s)

Mark with and "x" in the box on the right you want to exercise:

- Right of Access to Personal Data
- Right of Correction to Personal Data
- Right of Cancellation of Personal Data in databases
- Right of Opposition of Personal Data

**Description: (Clear and Accurate of the Personal Data you want to exercise**

I hereby authorize Mexpack to make notifications of acceptance or rejection of this application , or any other information relating to this format via e -mail

*Note : If the applicant is the legal representative must be attached to this application: Copy of Official Identification of person acting as legal representative ; and Power of Attorney or Durable Power of Attorney .*

*Mexpack will answer within 10 working days from the date of receipt your request . We will inform you if your request was appropriate and if within the response will be effective in 15 days from the date the origin of the request was reported . In the case of the Right of Access to Personal Data, the information will be sent to the email provided in the present application .*

\_\_\_\_\_  
Name and signature of the holder

\_\_\_\_\_  
Name and Signature of Legal Representative