**Personal Visual Information (Access, Confirmation of Existence, Deletion) Request**

|  |  |  |
| --- | --- | --- |
| Data Subject | Name | Phone number |
| Birth Date (MM-DD-YY) |
| Address |
| Representative(Agent or Attorney-in-Fact)*Please fill out this section only when you, the undersigned, are a representative.* | Name | Phone number |
| Birth Date (MM-DD-YY) | Relationship with the Data Subject |
| Address |

Please tick the required actions (Access, Confirmation of Existence, Deletion) and indicate any other required information.

|  |  |
| --- | --- |
| [ ] Access  | [ ] the personal visual information to be processed[ ] the purpose of collection and use of personal visual information[ ] the period of use and retention of personal visual information[ ] the status of the provision of personal visual information to third parties[ ] the proof of the data subject’s consent to processing personal visual information |
| [ ]Confirmation of existence  | Please state the following1. the personal visual information to be requested for confirmation of existence:
2. reasons:
 |
| [ ]Deletion | Please state the following1. the personal visual information to be requested for deletion:
2. reasons:
 |

The undersigned requests to GI Cell Inc. as above.

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

Name:

Date (MM-DD-YY):