



Subject Access Request

Each of these rights may be exercised by submitting this form to support@loopinsights.ca or mailing it to 541 Howe St. 2nd Floor, Vancouver, BC V6C 2C2. If you are printing this form for submission please use block letters and tick "X" where necessary.

Subject's Data:

Full Name:

Date of Birth:

Address for Correspondence:

City:

Province/State:

Postal Code:

Country:

Telephone:

Email:

With Regard to:

Right of Access

Right to Restriction of Processing

Right to Rectification

Right to Object

Right to Erasure(Right to be Forgotten)

Right to Data Portability

Description of the Request:

Preferred way on Feedback for the Request:

In writing to the provided address

Electronically via email

Date:

Signature:

541 Howe St. 2nd Floor, Vancouver, BC V6C 2C2

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