## ITEL DATA PRIVACY REQUEST FORM

itel values your personal information and respects your privacy. Residents of certain states may be afforded certain privacy rights pursuant to that states' data privacy laws. Please review itel's Privacy Policy for additional details. itel will make every effort to process verifiable requests as soon as possible.

The California Consumer Privacy Act (CCPA) provides consumers (California residents) with specific rights regarding their personal information.

**Access:** you can request that we disclose certain information to you about our collection and use of your personal information.

**Modify:** you can request us to change your personal information if you have accessed your personal information in our records and it is incorrect. If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made, and you may require that a statement of disagreement be attached to your personal information.

**Deletion:** you can ask us to delete your personal information. We may deny your deletion request if retaining the information is necessary for us or our service providers, for legitimate business purposes.

We need to verify your identity or authority to make the request and confirm the personal information relates to you. Please provide sufficient information that allows us to reasonably verify you are the person about whom we collected personal information or an authorized representative with sufficient detailed description that allows us to properly understand, evaluate, and respond to it.

Please note that using this form does not also exercise your rights with itel or any third party itel affiliate.

First Name *	Last Name *
Address Line 1 *	
Address Ellie 1	
Address Line 2 * City	State Zip
Non-US Resident Select a cour	utry
Farail address *	Courte at Dhana Numbau *
Email address *	Contact Phone Number *
Please select a relevant action *	
View My Data Modify My Dat	Delete My Data
Disease describe the assess for this assesset.	
Please describe the reason for this request:	
Declaration*	
I confirm that I have read and understood the terms of this Data Privacy Request Form and itel's	
Privacy Policy. I certify that I am the person, or authorized by the person, listed above to submit this	
Data Privacy Request Form Request.	

SUBMIT