



**A DEL MONTE FRESH COMPANY**

**Data Deletion Request Form**

Please complete sections 1-3 if you are applying to delete your own personal information. If you are giving permission to someone else to apply to delete your personal information on your behalf, all sections must be completed. Please print clearly in ballpoint pen.

**I. Personal Details (of Data Subject)**

Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Before processing your request, we need to have proof the identity of the Data Subject. This is to protect the identity of the data subject and ensure compliance with Data Protection Laws.

**II. Details of Information to be Deleted (Please be as specific as possible)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### III. Authorization of Data Subject

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If an authorized agent is requesting the information on behalf of the Data Subject, we also need to establish proof of their identity

### IV. Personal Details (of Authorized Agent acting on behalf of Data Subject)

Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### V. Proof of Identity (of Authorized Agent acting on behalf of Data Subject)

If you are acting on behalf on the Data Subject, you must enclose a copy of your identification and official documentation showing that you are authorized to apply on behalf of the Data Subject (e.g. sworn affidavit, power of attorney.) This is to protect the identity of the Data Subject and ensure compliance with the Data Protection Laws.

### VI. Notice

In line with Data Protection laws, you will receive a response to your request within 45 calendar days of receipt of this form and the necessary identification.

Please return the completed form to:

**Attention: Privacy Officer**

**Mann Packing Co., Inc.**

**c/o Del Monte Fresh Produce Company**

**241 Sevilla Avenue**

**Coral Gables, FL 33134**

You can also call our toll-free number **1 (833) 981-0038** and provide the information listed on this Data Deletion Request Form orally.