# **Subject Access Request Form**

To help us process your request, please provide the information noted below. Once you have completed and signed the form, please email the document to privacy@pockyt.io. Alternatively, you can mail it to:

Yuansfer, Inc. DBA Pockyt

28 Liberty St 6th floor

New York, NY 10005

United States

# Contact Information

|  |  |
| --- | --- |
| a. Full Legal Name (last, first, middle) |  |
| b. Phone Number |  |
| c. Country of Residence |  |

1. Yuansfer Employment Background

If you are a current or former Yuansfer, Inc. and its affiliates employee, please provide the following information. If not, please proceed to section III.

|  |  |
| --- | --- |
| a. Dates of Employment |  |
| b. Office Assigned (location) |  |
| c. Yuansfer/Pockyt Email Address |  |

# Employee of a Company Engaged in Business with Yuansfer/Pockyt

If you are an employee of a company engaged in business with Yuansfer/Pockyt, please provide the following information. If not, please proceed to section IV.

|  |  |
| --- | --- |
| a. Company Name |  |
| b. Yuansfer/Pockyt Customer Number |  |
| c. Describe Yuansfer/Pockyt services  accessed. |  |

# Type of Request

To help us process your request in an effective and timely manner, please identify the type of request and a brief description of the information and appropriate dates in which this information was provided to us.

|  |  |  |
| --- | --- | --- |
| a. Check the boxes that best match the  request you are making. | * Copy of information |  |
| * Make corrections |
| * Delete information |
| * Other |
| b. List the kinds of information provided  *(e.g., email address, phone number, etc.)* |  |
| c. Identify the approximate date in  which the information was provided  to us. |  |

# Submitting on Behalf of Someone Else

If you are submitting this request on behalf of someone else, please complete the following section and proceed to section VII. If not, please proceed to section VI.

|  |  |
| --- | --- |
| a. Identify your relationship to the data subject. |  |
| b. List the form of legal authority to  make the request on behalf of the Data Subject. |  |

# Signature Information

I hereby confirm that I have correctly answered the questions on this Subject Access Request and have answered these questions truthfully and completely.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

# Signature Information – Agent

I hereby certify that I hold the legal authorization to act as agent for the data subject identified in section Ia. I hereby confirm that I have correctly answered the questions on this Subject Access Request and have answered these questions truthfully and completely.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature