

Otéra Capital Édifice Jacques-Parizeau 1001, Square-Victoria Street, Suite C-200 Montréal, Quebec H2Y 1N9 Canada

FORM

Request to exercise a right

Full Name (please print):						
Home address:						
Phone:						
Email:						
I, the undersigned,(name), would like to make the following request: (please check the appropriate box below) □ access; □ rectification; □ erase (right to be forgotten); □ portability; □ objection; □ withdrawal of consent; □ restriction Regarding my personal information that your Otéra Capital retains about me, either electronically or in manual form, including the following information [Please describe the personal information at issue in as much detail as possible and complete Appendix A – page 3 if necessary]:						
I am enclosing the following additional information that may assist in processing the application as quickly as possible [Please complete Appendix A – page 3, if necessary]:						



I understand that Otéra may refuse this request in limited circumstances, as provided by applicable Privacy Laws. I also understand that, except as provided by applicable law, I have the right to file a complaint with any data protection authority.

I understand that Otéra will notify me of its decision to deny or approve my request within one (1) month of its receipt of this request. In some cases, if Otéra is unable to process my request within this time frame, I understand that Otéra may extend the applicable time frame by up to two (2) additional months by notifying me in writing within one (1) month of the receipt of the request.

I understand that Otéra will not charge any fee, as long as the request is not excessive. I also understand that, for any additional copies requested, Otéra may charge a reasonable fee for the copy of those documents (whether in paper or electronic form) and for the supplies needed to make the paper copy or electronic media (if I have requested that an electronic copy be provided on a portable media), as well as the actual cost of postage if I request that the information be sent to me by mail.

Signature:		Date:	
Name (please p	rint):		

Please attach a copy of an appropriate official identification document (with your photo), such as a copy of your driver's licence or passport.

Please submit this form and your attached ID to the following email address: renseignementpersonnel@oteracapital.com.

Otéra Capital oteracapital.com Strictly confidential 2



Appendix A

Additional personal information:						
Additional information to be	e enclosed:					

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