California Consumer Privacy Act of 2018 (CCPA)
Access and Deletion Rights Request Form

If you are a California resident, subject to certain limitations under applicable law, you have the right to (1) request access to personal information we have collected about you and (2) request that we delete personal information we have collected from you. To exercise these rights, please complete this form. If you would like to submit a request as an authorized agent on behalf of another individual, please email privacy@balenciaga.com. To learn more about our information practices, please review our Privacy Policy and California Consumer Privacy Statement.

Date of Request: ____________________________

Part A. Your Information

Please provide the information below so we can verify your identity and California residency. (*Fields marked with an asterisk are mandatory.)

*First Name: ____________________________
Middle Name: ____________________________
*Last Name: ____________________________
Street Address: ____________________________
City: ____________________________
*State: ____________________________
*Zip Code: ____________________________
*Email Address: ____________________________
Telephone Number: ____________________________

Part B. Your Rights Requests

Please identify which privacy right(s) you would like to exercise.

Right to Know Request: You have the right to request that we disclose to you certain information about our collection, use and disclosure of your personal information within the preceding 12 months. Please check the box(es) below relating to the information you would like us to disclose to you:

The categories of personal information we have collected about you
The categories of sources from which your personal information is collected
The business or commercial purposes for collecting your personal information
The categories of third parties with whom we shared your personal information
The specific pieces of personal information we have collected about you *(Note: If this box is checked, you will need to sign and send back to us a declaration form prior to us providing you with the requested information. The declaration form will be sent to the email address you provided above.)*

**Deletion Request:** You have the right to request that we delete the personal information we collected from you, subject to certain exceptions as permitted by law. Please check both boxes below if you would like to exercise your deletion right.

☐ Check here if you would like us to delete the personal information we have collected about you.

☐ Check here to confirm that you would like us to delete your personal information as indicated above.

Please select how you would like to receive our response:

☐ Email

☐ Postal Mail

*Note: Once we have processed your request, we may require additional information to verify your identity.*

Please return your completed form to privacy@balenciaga.com. You may also mail us the form at the following address:

Balenciaga

Autumnpaper Limited

40 rue de Sèvres, 75007 Paris FRANCE
Declaration for Access to Specific Pieces of Personal Information

I, (print name) ________________________, declare under penalty of perjury that the following is true and correct:

1. I make this declaration voluntarily and of my own free will. No threats or promises have been made to me to induce me to make this statement.

2. On ________________ 20__, I requested that ________________ (“Company”) disclose to me specific pieces of personal information that Company has collected about me, pursuant to the California Consumer Privacy Act of 2018 (“CCPA”).

3. I am the California consumer whose personal information is the subject of this request.

4. In accordance with the CCPA and the Company’s rights request intake form, I have provided to Company the following pieces of personal information about me to verify my identity in connection with this request:
   a. Email address: _______________________________________
   b. Phone Number:_________________________________________; and
   c. Postal Address: __________________________________________

_______________________________________________  
Signature of Declarant

DATE________________________

DATE________________________