If you are a California resident, you may be able to exercise certain data rights under the California Consumer Privacy Act (“**CCPA**”) subject to certain exceptions. Please complete this form and send a copy to dataprotection.US@imi-precision.com to submit your request to exercise the Right to Access, Right to Know and/or the Right to Deletion under the CCPA. For more information regarding these rights and additional rights you may have under the CCPA, please see the Sisweb Privacy Notice.

Please note that any information that you provide on this form we will collect and maintain about you for our records. In certain circumstances, we may require additional information if we are unable to verify your request based on the information you have provided. The personal information submitted in connection with this request will be used for the purpose of processing your request.

**Your details (Consumer’s details if you are an Authorized Agent):**

|  |  |
| --- | --- |
| First Name\* |  |
| Last Name\* |  |
| Title |  |
| Email Address\*  |  |
| Telephone Number  |  |
| Address  |  |
| City\*  |  |
| State\*  |  |
| Zip Code\* |  |

**Please identify your relationship with IMI plc**

[ ]  Website visitor
[ ]  Customer

[ ]  Subscriber to IMI newsletter / marketing contact

[ ]  Job applicant

[ ]  Independent Contractor
[ ]  Employee or former employee
[ ]  Other – please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you submitting this request on your own behalf?**

[ ]  Yes, I am the consumer the personal information is about.

[ ]  No, I am acting on behalf of the consumer the personal information is about, and I am authorized by the consumer to act on their behalf

**PLEASE NOTE:** If you are submitting a request on behalf of a consumer (“Authorized Agent”), you must also attach to your email to dataprotection.US@imi-precision.com a copy of written authorization from the consumer indicating you have been authorized to submit a request on their behalf. The form must be signed by you and the consumer. Forms must be signed to be accepted.

**Select which of the following rights you wish to exercise:**

[ ]  **Right to Know**

[ ]  **Right to Know Categories of Personal Information.** The right to obtain a copy of the categories of personal information we have collected about you during the last 12 months, what data is sold, shared with third parties.

[ ]  **Specific Pieces of Personal Information (“Right to Access”).** The right to obtain a copy of the specific pieces of personal information we have collected about you during the last 12 months.

[ ]  **Right to Deletion.** The right to request deletion of personal information we have collected from you, subject to certain exceptions under applicable law.

[ ]  **Right to Correct**. The right to correct inaccurate information processed by IMI subject to certain exceptions under applicable law.

[ ]  **Right to opt-out of sale/sharing** The right to opt out of IMI selling or sharing your data with third parties that are not service providers (in most cases IMI does not sell or share your data)

**Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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