



CLAIM/PETITION FORMAT FOR THE EXERCISE OF THE ARCO RIGHTS (ACCESS, RECTIFICATION, CANCELLATION OR OPPOSITION OF PERSONAL INFORMATION)

Name of Holder of Personal Information

Last Name 1	Last Name 2	Name

Address of Holder of Personal Information

Number and Street	Neighborhood	Zip Code
City	State/Province	Phone Number

Choose the Identification Document with which you want to prove you are the holder of the personal information

<input type="checkbox"/> INE Credenti	<input type="checkbox"/> Drivers License
<input type="checkbox"/> Passport (Valid)	<input type="checkbox"/> Other
	*Specify _____

Please Note*

This format must be handed in or sent with a hard or digital copy of the document you have chosen.

In case the petitioner is the legal representative, he/she should attach both the ID of the interested person (holder of personal information) and of the legal representative him/herself, as well as a notarized power of attorney.

Choose the right you wish to exercise

<input type="checkbox"/> Access to personal information	<input type="checkbox"/> Rectification of personal information
<input type="checkbox"/> Cancellation of personal information <small>(ECOPAPEL is not obliged to cancel your personal information, when the situation is in accordance with article 26 of the Personal Information Federal Act (Ley Federal de Protección de Datos Personales))</small>	<input type="checkbox"/> Opposition to personal information

Clear and precise description of the rights you want to exercise

Ecopapel del Bajío S.A. de C.V. will provide an answer within a period of 20 working days, starting to count from the day the request was received by ECOPAPEL. If the request is considered valid, the petition will be effective within the following 15 days. The company's reply will be provided in person during working hours at our offices in Quetzal 702 Col. Santa Rita León Guanajuato México CP 37450; or via e-mail datospersonales@ecopapel.com.mx.

Choose the preferred channel to receive reply:

<input type="checkbox"/> e-Mail	<input type="checkbox"/> In person at ECOPAPEL
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I declare under oath that all information provided in this format is correct

_____ Name and Signature of the Holder of Personal Information	_____ Name and Signature of the Legal Representative (if the case)
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Date: _____