

Megagon Labs, Inc.

**California Consumer Privacy Act of 2018 (CCPA)
Personal Information Rights Request Form**

If you are a California resident, subject to certain limitations under applicable law, you have the right to (1) know certain details about the 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 megagon-hr@megagon.ai. To learn more about Megagon's privacy practices and your rights, please read 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 the declaration on page 3 of this form and include the signed declaration with your request.*)

Request to Delete: You have the right to request that we delete the personal information that 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.

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 megagon-hr@megagon.ai. You may also mail us the form at the following address:

444 Castro Street Suite 720, Mountain View, CA 94041

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 Megagon Labs, Inc. (“Megagon”) disclose to me specific pieces of personal information that Megagon 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 Megagon’s Personal Information Rights Request Form, I have provided to Megagon the following pieces of personal information about me to verify my identity in connection with this request:

a. _____

Street address

b. _____; and

Zip/postal code

c. _____

Information about my recent activity on Megagon’s Site or Service.

5. I understand that I must provide all of the information identified above in connection with this declaration.

Signature of Declarant

Date