

**CURRAX PHARMACEUTICALS LLC
DATA SUBJECT RIGHTS REQUEST FORM**

Name: _____

Email address: _____

Please check: Personal email address Business email address

If business email address, please provide company name:

To help us fulfill your request, please identify what type of request you are making:

- | | |
|---|--|
| <input type="checkbox"/> Access Request | <input type="checkbox"/> Objection Request |
| <input type="checkbox"/> Erasure Request | <input type="checkbox"/> Portability Request |
| <input type="checkbox"/> Rectification (Correction) Request | <input type="checkbox"/> Restriction Request |
| <input type="checkbox"/> Opt-in/opt-out of sale of personal information | |

Please explain your specific request (e.g., I want to correct the address you have on file for me, or I would like you to stop sending me mail or email, or I would like a copy of the following information you have about me):

To help us identify systems that may contain information about you, please tell us a bit about your relationship with Currax:

- Current or former Currax employee
- Family member of Currax employee
- Employee of Currax customer, supplier, or business partner
- Current or former Currax temporary or contract worker
- Currax end user or customer
- Other – please describe:

If your record may be under a different name, please provide that name and the reason why it would be under the different name:

PLEASE RETURN COMPLETED REQUEST FORM VIA EMAIL: privacy@curraxpharma.com