

Consumer's Authorization of Authorized Agent Form

Return To: Cybersoft, Inc. by emailing to Cybersoft's Consumer Privacy Office at consumerprivacy@cybersoftbpo.com

To: Cybersoft, Inc. (Cybersoft)

From: _____ ("Consumer")
(Consumer's full legal name (first, middle, last))

In connection with the CCPA Personal Information Request Form (the "Request") pursuant to the California Consumer Privacy Act (CCPA), Consumer hereby swears and certifies to Cybersoft that:

1. Consumer's full legal name (first, middle, last) is:

2. Consumer resides at (Street Address):

at (Town/City) _____
in the State of California.
3. Consumer authorizes as Consumer's Authorized Agent to submit the Request to Cybersoft on Consumer's behalf the named Authorized Agent below.
4. Authorized Agent's full legal name (first, middle, last) is:

5. Authorized Agent resides at (Street Address):

at (Town/City) _____
in the State of California.
6. Consumer's relationship to its Authorized Agent is _____
7. Cybersoft is authorized to communicate directly with the Authorized Agent in connection with the Request, and Cybersoft shall be entitled to rely upon any information or statements provided by the Authorized Agent on behalf of the Consumer.

Consumer hereby swears under the penalty of perjury that the facts referred to in this certificate are true, complete, and correct.

Consumer Printed Name: _____

Consumer Signature: _____

Date: _____

BEFORE ME, the undersigned authority personally appeared this day,

_____ (Consumer)
known to me to be the person described herein, said person has proven to be the individual named above, and has acknowledged that this authorization is their wish.

WITNESS MY HAND AND SEAL affixed at _____ (City)
_____ (State) on _____ (Date).

Notary Signature: _____ Notary Public (SEAL)