

Declaration of Authorized Agent's Identity Form

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

From: _____ ("Authorized Agent")
Authorized Agent'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), Authorized Agent hereby swears and certifies to Cybersoft that:

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

2. Authorized Agent resides at (Street Address):

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

5. Consumer's residence address is:
(Street Address): _____
at (Town/City) _____
in the State of California.
6. Authorized Agent has submitted on behalf of Consumer the Request for Consumer's own personal information and not for the personal information of another consumer.
7. All information Authorized Agent submits to Cybersoft in connection with the Request is true and correct in all respects.

Authorized Agent recognizes any false statement or other misrepresentation made in this Declaration of Identity may subject them to civil and criminal penalties. Authorized Agent shall indemnify and hold harmless Cybersoft, its affiliates, and subsidiaries and each of their respective officers, directors, managers, members, employees, and agents from any and all liability arising out of any fraudulent statements by Authorized Agent contained in this Declaration of Identity.

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

Authorized Agent Printed Name: _____

Authorized Agent Signature: _____

Date: _____