

## CCPA Request Form

The California Consumer Privacy Act (CCPA) provides you as residents of the State of California the right to request to know and/or delete your personal information collected by Helsinn Therapeutics (U.S.), Inc. or its affiliates. Once this Form is completed, you should submit it to Helsinn Therapeutics (U.S.), Inc., at 170 Wood Avenue South, 5th Floor, Iselin, NJ 08830, attention Vice President, Legal or email it to [privacy-us@helsinn.com](mailto:privacy-us@helsinn.com).

Before responding to your request, we may require additional information to validate your identity to make this request. If we determine that a basis exists to deny your request, we will provide you with an explanation for that determination.

1. Who is the California Consumer making this request about his or her personal data?

Requester's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Requester's Relationship to Helsinn: \_\_\_\_\_

2. Check the nature of your Request (Choose one box.)

Request to Know: By checking here, you request that Helsinn disclose the personal information about you that it has collected, may have shared with others, or otherwise has in its possession. Please tell us more about the information you would like for us to disclose to you.

\_\_\_\_\_

Request to Delete: By checking here, you request that Helsinn delete all personal information about you that we have collected and used, and that we direct all third-parties to which we have provided such information to likewise delete such information.

3. If this Form is being submitted on behalf of someone else, please state your name and relationship to the person about whom this request relates. Include a copy of the document(s) which are proof you are acting on that person's behalf (e.g., power of attorney, proof of guardianship).

\_\_\_\_\_

Signature:

Date:

Legal: By submitting this request, you:

- Confirm that you have read and understood the terms of this CCPA Request Form and that the information that you are providing is complete and accurate.
- Confirm that you are the Data Subject named or the authorized representative of the Data Subject named in this CCPA Request Form.
- Agree to the processing of your personal data provided in this form for the identifying of the personal data about which you are making a request and for responding to your request.