

California Consumer Request Form

Instructions: California residents can use this form to submit requests under the California Consumer Privacy Act (CCPA) regarding personal information collected by BioRidge Pharma. BioRidge Pharma reserves the right to refuse requests, in part or in whole, to the extent permitted by law, if we are unable to verify your identity, or if we cannot verify your authority to act on behalf of another person.

For certain requests, we may ask for additional information or documents to verify the identity of the consumer who is the subject of the request. The information provided through this form will be used to respond to your request, including verifying identity, identifying personal information responsive to your request, and keeping records of your request.

Requestor Information

Requestor Name

Requestor Email Address

State of Residence

California

Are you the consumer?

- Yes, I am making a request related to personal information about me.
- No, I am acting as an authorized agent for the consumer. I have enclosed a California Authorized Agent Designation form completed and signed by the consumer.

Specify the request(s) - check all that apply

- Request to know categories of personal information BioRidge Pharma has collected, used, disclosed, and/or sold about the consumer.
- Request to obtain specific pieces of personal information BioRidge Pharma collected about the consumer.
- Request to delete personal information BioRidge Pharma has collected about the consumer.
- Request to opt out of the "sale" of personal information about the consumer.

By submitting this form, I hereby certify that the information entered into this form is complete, accurate, and up-to-date, and that I am the consumer who is the subject of the request or have been authorized by that consumer to act on his/her behalf, as indicated above. I understand that it may be necessary for BioRidge Pharma to verify the identity of the consumer and/or authorized agent for this request, and additional information may be requested for this purpose.

Submit completed form to compliance@BioRidgePharma.com.