

# SUBJECT ACCESS REQUEST

Regulation (EU) 2016/679 (the “General Data Protection Regulation” or the “GDPR”) provides a data subject with a right to receive information concerning our processing of its personal data.

As a main rule, your request will be handled free of charge. However, if we were to find your request to be manifestly unfounded, excessive or repetitive, we may charge a reasonable fee based on the administrative cost of providing the information and not exceeding NOK 250.

Please fill out the details below and we will get back to you as soon as possible and within 30 calendar days upon receipt of a fully completed form, proof of identity and other required documents, if applicable. The aforementioned documentation should be sent to the following address: Mohawk Analytics AS, C/O ViaOss AS, PB 164, 3672 Notodden, Norway.

| 1. DETAILS OF THE PERSON REQUESTING THE INFORMATION |  |
|---|--|
| Full name:  |  |
| Address:  |  |
| Date of birth:                                      |  |
| E-mail address:                                     |  |
| Phone number:                                       |  |

| 2. YOUR ROLE             |   |
|--------------------------|---|
| <input type="checkbox"/> | I am the data subject.  |
| <input type="checkbox"/> | I am not the data subject, though I am acting on behalf of a data subject by virtue of a power of attorney. |
| <input type="checkbox"/> | I am not the data subject, but I am acting on behalf of a data subject as its parent or legal guardian.     |

| 3. PROOF OF IDENTITY AND AUTHORITY SUBMITTED |   |
|--|---|
| <input type="checkbox"/>                     | Driving licence   |
| <input type="checkbox"/>                     | Passport  |
| <input type="checkbox"/>                     | National Identity Card                                    |
| <input type="checkbox"/>                     | Power of Attorney   |
| <input type="checkbox"/>                     | Evidence of parental responsibility or legal guardianship |

| 4. NATURE OF YOUR REQUEST |  |
|---------------------------|--|
| <input type="checkbox"/>  | I wish to receive access to personal data concerning myself (proof of identity must be provided).  |
| <input type="checkbox"/>  | I wish to receive access to personal data concerning a data subject that I am acting on behalf of (proof of identity of the representative, a power of attorney and proof of identity of the data subject must be provided). |
| <input type="checkbox"/>  | I wish to receive access to personal data concerning a data subject to whom I am a parent or legal guardian (proof of identity and evidence of parental responsibility or legal guardianship must be provided).              |

| 5. ACCESS TO PERSONAL DATA |   |
|----------------------------|---|
| <input type="checkbox"/>   | I wish to receive general information about your processing of personal data.   |
| <input type="checkbox"/>   | I wish to receive access to all personal data concerning myself or another data subject.  |
| <input type="checkbox"/>   | <p>I only wish to receive access to some personal data concerning myself or another data subject (for instance personal data within a certain time period, certain types of personal data or data stored in certain system).</p> <p>If yes, please specify what type of personal data you wish to access:</p> |
| <input type="checkbox"/>   | I wish to receive information concerning the security measures you have implemented in connection to your processing of my personal data.   |
| <input type="checkbox"/>   | I wish to receive the aforementioned information by e-mail.   |

By signing this form, you certify that the information you have provided is correct to the best of your knowledge and that you are the person to whom it relates or that you are legally entitled to act on behalf of such person. You understand that it may be necessary to obtain further information in order to comply with this subject access request.

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_