



## Form for the Exercise of Rights of Access, Rectification, Cancellation, or Objection

Document Type:

Form

Código

FOR-SI-02

Request Date: \_\_\_\_\_

### I. Applicant Information

Full name of the applicant: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Country of origin: \_\_\_\_\_

### II. Indicate the Type of Request You Wish to Make

Please underline or mark the option that corresponds to the right you wish to exercise. Read each option carefully and select the one that best fits your needs:

#### a) Access

Review your personal data. Choose this option if you wish to know what personal data we have registered about you, how it is used, for what purpose, and, if applicable, with whom it has been shared.

#### b) Rectification

Update or correct your personal data. Select this option if you have identified any incorrect, incomplete, or outdated information and need us to make the necessary changes.

#### c) Cancellation

Delete your personal data. Use this option if you no longer wish us to retain your personal data in our databases, provided there is no legal obligation preventing its deletion.

#### d) Objection

Refuse the processing of your personal data. Mark this option if you disagree with the use of your data for specific purposes (such as marketing communications or sharing with third parties), as long as there are no legal restrictions that prevent this.

#### e) Description of the requested personal data:

In this space, clearly indicate which personal data or information your request refers to. For example: name, address, email, billing information, etc., and where the data was collected (e.g., PsicoSmart, Recruiting, etc.).

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**A copy of your official identification must be attached to this request.**

**Note:** Please remember that the processing of personal data applies exclusively to direct clients of **PsicoSmart México, HumanSmart Consulting, and HumanSmart Group LLC**. If you are a candidate or employee of one of our clients, you must direct your request to the company or individual with whom you were in contact. Your request will be processed within a maximum of **20 business days**. If the request is approved, the right in question will be fulfilled within an additional **15 business days** from the date of the initial response. If you have any questions or require additional information, you may contact us at: **privacy@vorecol.com**

**Signature**

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Data Subject