

Form

Request to exercise a right

Full name (printing characters):

Home address:

Phone:

Email:

I, the undersigned, _____ (name), would like to make the following request:
(please check the appropriate box below)

access; rectification; erase (right to be forgotten); portability; objection;

withdrawal of consent; restriction

Regarding my personal information that CDPQ retains about me, either electronically or in manual form, including the following information [Please describe the personal information at issue in as much detail as possible and complete Appendix A – page 3 if necessary]:

I am enclosing the following additional information that may assist in processing the application as quickly as possible [Please complete Appendix A – page 3, if necessary]:

I understand that CDPQ may refuse this request in limited circumstances, as provided by applicable Privacy Laws. I also understand that, except as provided by applicable law, I have the right to file a complaint with any data protection authority.

I understand that CDPQ will notify me of its decision to deny or approve my request within one (1) month of its receipt of this request. In some cases, if CDPQ is unable to process my request within this time frame, I understand that CDPQ may extend the applicable time frame by up to two (2) additional months by notifying me in writing within one (1) month of the receipt of the request.

I understand that CDPQ will not charge any fee, as long as the request is not excessive. I also understand that, for any additional copies requested, CDPQ may charge a reasonable fee for the copy of those documents (whether in paper or electronic form) and for the supplies needed to make the paper copy or electronic media (if I have requested that an electronic copy be provided on a portable media), as well as the actual cost of postage if I request that the information be sent to me by mail.

Signature:

Date:

Full name (printing characters):

Please note that for identification purposes, you may be asked for a copy of an appropriate official ID following your application to exercise a right.

To complete the form, please use an application that allows you to read and modify a PDF document. (e.g., Adobe Acrobat, Kofax)

Please submit this form to the following email address: protectionRP@cdpq.com.

Appendix A

Additional personal information:

Additional information: