

Subject: CCPA Data Request

Full Name: _____

Email Address: _____

Phone (optional): _____

Country of Residence: _____

Type of Request:

- ☐ Access the personal information you have collected about me
- ☐ Delete the personal information you have collected about me
- ☐ Opt-out of the sale of my personal information (Note: ModAsfa does not sell personal data)

Details of Request:

Identity Verification:

- ☐ I have attached a copy of my ID (passport, driver's licence, or national ID card) to verify my identity.

Signature: _____

Date: _____

Submit to: legal@modasfa.com