California Consumer Privacy Act

Authorized Agent Form

If you are a resident of California and would like to designate an authorized agent to submit a California Consumer Privacy Act (CCPA) privacy rights request to TTE Technology, Inc. and/or TCT Mobile Inc. (“TCL”) on your behalf, please complete this form in its entirety and provide it to your designated authorized agent. Your authorized agent will be instructed to submit this form to TCL when submitting a CCPA privacy rights request on your behalf. If you are submitting a request for yourself, do not use this form.

Your Information

Name: _______________________________________
Email: _______________________________________
Street Address: _______________________________________
City/Town: _______________________________________
State: _______________________________________
Country: _______________________________________
Phone: _______________________________________

Authorized Agent Information

Name: _______________________________________
Email: _______________________________________
Street Address: _______________________________________
City/Town: _______________________________________
State: _______________________________________
Country: _______________________________________
Phone: _______________________________________

California Secretary of State Registration No.(optional)\(^1\): _______________________

Note: All fields are mandatory unless stated otherwise.

\(^1\) If designating an entity to act on your behalf, the CCPA requires that such entity is registered with the Secretary of State. TCL will not provide any information to unregistered agents.
Request Type
I hereby designate the authorized agent listed above to make the following request(s) on my behalf, to the extent applicable to the relevant TCL service(s) that have processed my information (please initial all that apply):

_____ Request to access my personal information
_____ Request to delete my personal information
_____ Request to correct my personal information
_____ Request to opt out of the sale or the sharing of my personal information
_____ Request to opt out of automated decision-making including profiling

TCL Account
Do you have a TCL Account?

_____ Yes
_____ No

If yes, please provide the email address associated with your TCL Account:

______________________________

Authorization
Under penalty of perjury, I affirm that I am a California resident. By signing below, I hereby certify that the information entered into this form is complete, accurate and up-to-date. I hereby authorize _____________________________ as my agent for the sole purpose of submitting the above CCPA privacy rights request(s) on my behalf. I hereby agree to indemnify TCL for all claims that may arise against the company for its reliance on this Authorization.

Please list the termination date of this Authorization. Termination date: _____________

(Month/Day/Year)

Signature: ________________________________

Printed name: ________________________________

Date: ________________________________