The California Consumer Privacy Act (CCPA) provides you as residents of the State of California (Consumers) the right to request to know and/or delete your personal information collected by Amicus Therapeutics, Inc.

Once this Form is completed, you should submit it to Amicus Therapeutics, Inc. at [dataprivacyofficer@amicusrx.com](mailto:dataprivacyofficer@amicusrx.com) or send via post to 1 Cedar Brook, Cranbury NJ 08152.

Before responding to your request, we may require additional information to validate your identity to make this request. If we determine that a basis exists to deny your request, we will provide you with an explanation for that determination.

1. Who is the California Consumer making this request about his or her personal data?

**Requester's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Check the nature of your Request (Choose one box.)

□ **Request to Know:** By checking here, you request that Amicus disclose the personal information about you that it has collected, may have shared with others, or otherwise has in its possession. Please tell us more about the information you would like for us to disclose to you.

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□ **Request to Delete:** By checking here, you request that Amicus delete all personal information about you that we have collected and used, and that we direct all third-parties to which we have provided such information to likewise delete such information.

3. If this Form is being submitted on behalf of someone else, please state your name and relationship to the person about whom this request relates. Include a copy of the document(s) which are proof you are acting on that person’s behalf (e.g. power of attorney, proof of guardianship).

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal:** By submitting this request, you assert, under penalty of perjury, that (1) you are either making this request on your own behalf or have the lawful authority to act on behalf of the person identified above; and (2) to the best of your knowledge, information and belief, the person identified above qualifies as a California Consumer covered under the CCPA.