

HOLT, RENFREW & CO., LIMITED

PRIVACY INQUIRY AND INFORMATION CHANGE FORM

NEW | PREFERRED INFORMATION

MR. MRS. MS. MISS DR. other [Click here to enter text.](#)

[Click here to enter text.](#)

name

[Click here to enter text.](#)

address

[Click here to enter text.](#)

city|province

[Click here to enter text.](#)

postal code

[Click here to enter text.](#)

daytime telephone

[Click here to enter text.](#)

evening telephone

[Click here to enter text.](#)

email address

PREVIOUS INFORMATION

name

[Click here to enter text.](#)

address

[Click here to enter text.](#)

daytime telephone

[Click here to enter text.](#)

[Click here to enter text.](#)

city|province

[Click here to enter text.](#)

postal code

[Click here to enter text.](#)

evening telephone

COMMENTS/ADDITIONAL INFO

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

RESOLUTION OF MATTER (please describe how you feel this request could be resolved)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

CUSTOMER SIGNATURE

DATE

*My signature above verifies my true identity. I understand that personal information changes for mailing purposes will take at least 6 weeks and only those mailings sent out after that period will contain my updated information. All requests | inquiries will be addressed promptly in compliance with the provisions of the PERSONAL INFORMATION, PROTECTION AND ELECTRONIC DOCUMENTS ACT OR OTHER APPLICABLE LEGISLATION.

CUSTOMER # _____

DATE INQUIRY RECEIVED _____

EMPLOYEE(S) WITH INFORMATION REGARDING THE MATTER

Name

Store No.

NATURE OF INQUIRY OR CHANGE

- request access to my own personal information
 request change of personal information
 DNC – request to be deleted from call lists
 DNM – request to be deleted from mailings
 request to be deleted entirely from all systems*
 other _____

*If you request your name to be removed from all Holt Renfrew systems and do not agree to provide information at the time of purchase, you will not be eligible to receive mailings, special offers and invitations, books and other material. Your request will also mean that our Point of Sale system will indicate that you are a new customer since no record about you will exist. As a result of this, our Sales Associate may ask you for your personal information each time you make a purchase in any of our stores. You are free to decline any such request. Additionally, this will also mean that our online site will consider you a new customer, and any purchases you made prior to the privacy deletion will not appear should you wish to re-create an account at a later date.

CUSTOMER PRESENTED IDENTIFICATION

€ DRIVER'S LICENCE

€ PASSPORT

€ OTHER

(health card and driver's licence can be voluntarily presented by the customer but cannot be requested as ID)

INSTRUCTIONS

€ Hand deliver, mail or using a secure email address, scan and email the ORIGINAL COMPLETED and SIGNED COPY of this form and any additional documentation in a sealed envelope (if mailed or hand delivered) and mark as PRIVATE AND CONFIDENTIAL to:

CHIEF PRIVACY OFFICER

HOLT, RENFREW & CO., LIMITED

60 BLOOR STREET WEST, SUITE 1400

TORONTO, ON M4W 3B8

privacy.office@holtrenfrew.com

€ Requests via email can only be made to privacy.office@holtrenfrew.com.

€ A scanned copy of your valid photo ID must be provided along with this form. All copies of ID will be promptly destroyed once validated. Please ensure that ID is sent in the same email but as a separate attachment from this form.