

HOLT RENFREW & CO LTD.

PRIVACY INQUIRY AND INFORMATION CHANGE FORM

NEW | PREFERRED INFORMATION

MR. MRS. MS. MISS DR. other _____

name _____

address _____ city | province _____ postal code _____

daytime telephone _____ evening telephone _____

PREVIOUS INFORMATION

name _____

address _____ city | province _____ postal code _____

daytime telephone _____ evening telephone _____

COMMENTS/ADDITIONAL INFO

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

X

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.

PRIVACY FILE NUMBER (CPO USE ONLY) _____

DATE INQUIRY RECEIVED _____

STORE NUMBER _____

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 involves Holt Renfrew Card from American Express
- request to be deleted entirely from all relevant Holt Renfrew systems*
- other _____

* If you request your name to be removed from our system 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.

EMPLOYEE(S) WITH INFORMATION REGARDING THE MATTER

name _____ store no. _____

CUSTOMER PRESENTED IDENTIFICATION

- DRIVER'S LICENSE
- PASSPORT
- OTHER

(health card and drivers license can be voluntarily presented by the customer but cannot be requested as ID)

STORE INSTRUCTIONS

- hand deliver or mail the ORIGINAL COMPLETED and SIGNED COPY of this form and any additional documentation in a sealed envelope marked PRIVATE AND CONFIDENTIAL TO:

CHIEF PRIVACY OFFICER
HOLT RENFREW & CO., LIMITED
60 BLOOR ST. WEST, SUITE 300
TORONTO ON M4W 3B8

- retain and confidentially file a second copy of the completed and signed form at the store.
- upon request, a third copy can be made and given to the customer.