

FORM FOR EXERCISING THE RIGHT OF AMENDMENT

INFORMATION ABOUT THE PERSON RESPONSIBLE FOR THE FILE OR PROCESSING:

Name: **CATENON S.A.**

Access Office Address: **PASEO DE LA CASTELLANA, 93 ED. CADAGUA 11st FLOOR - 28046 -**

MADRID - MADRID

REQUESTER'S INFORMATION:

Mr./Mrs., of legal age, residing at No.

..... St., Postal Code..... City/Town..... Province.....

holder of National ID No....., a copy of which is attached.

DECLARES:

That by means this written document he/she expresses his/her desire to exercise his/her right of amendment, according to article 16 of Organic Law 15/1999 and articles 15 of Royal Decree 1332/94.

REQUESTS:

1. That the inaccurate information relative to my person, which is kept in the files, be effectively corrected at no cost within a period of ten days counting from the reception of this request.
2. The information that must be amended is listed on the sheet attached to this request, together with the documents that certify, if needed, the accuracy of the new information.
3. That I be notified in writing, at the above-mentioned address, once the information is amended.
4. That, if the amended information was previously communicated, the person in charge of processing shall be notified of the amendment so he/she may also proceed to make the necessary corrections in order to respect the duty of quality of information provided in article 4 of said Organic Law 15/1999.
5. That, if the person responsible for the file considers that said amendment or cancellation does not apply, he/she shall equally communicate it, in a reasoned manner and within the stated ten-day period.

In _____ on _____, _____ 20__

Signed:

INSTRUCTIONS:

1. In order to prove the inaccurate or incomplete nature of the information contained in the files, it is necessary to provide documentation certifying this to the person responsible for the file. If, on the other

hand, the requested amendment depends exclusively on the consent of the affected person, no documentation shall be needed.

2. Due to the very personal nature of the personal information it is necessary to attach a photocopy of the ID card or equivalent document that proves the identity of the affected person and that is considered legally valid so that the person responsible for the file may verify it. It may also be exercised through the legal representative, in which case documentation must be provided, in addition to the photocopy of the ID card, which certifies legal representation.

3. The domicile is also necessary for notifications, as well as the date and signature of the interested party.

FORM FOR EXERCISING THE RIGHT OF OBJECTION

INFORMATION ABOUT THE PERSON RESPONSIBLE FOR THE FILE OR PROCESSING:

Name: **CATENON S.A.**

Address of the access office: **AVDA. DE EUROPA, 26 ATICA 5 BLDG. 2nd FLOOR - 28224 -**

POZUELO DE ALARCON - MADRID

REQUESTER'S INFORMATION:

Mr./Mrs., of legal age, residing at No.

..... St., Postal Code..... City/Town..... Province.....

with National ID Card No....., a copy of which is attached.

DECLARES:

1. That, by means of this written document, he/she expresses his/her desire to exercise his/her right to objection, according to articles 6.4, 17 and 30.4 of Organic Law 15/1999.
2. That (describe the situation in which your personal information is processed and list the reasons why you object to it):

3. That, I have attached a copy of the following documents in order to certify the situation described above:

REQUESTS:

6. That my exercise of right of objection be addressed under the above terms.

In _____ on _____, _____ 20__

Signed:

INSTRUCTIONS:

4. Due to the very personal character of the personal information it is necessary to attach a photocopy of the National ID card or equivalent document that proves the identity of the affected person and which is considered legally valid so that the person responsible for the file may verify it. It may also be exercised through the legal representative, in which case documentation must be provided, apart from the photocopy of the ID card, which certifies legal representation.

5. The domicile for notifications, date and signature of the interested party are also necessary.

lpdf@greenhouseconsultants.com 638529116 / 968237665

Right of Objection Form

FORM FOR EXERCISING THE RIGHT OF OBJECTION

INFORMATION ABOUT THE PERSON RESPONSIBLE FOR THE FILE OR PROCESSING:

Name: **CATENON S.A.**

Access Office Address: **AVDA. DE EUROPA, 26 ATICA 5 BLDG. 2nd FLOOR - 28224 -**

POZUELO DE ALARCON - MADRID

REQUESTER'S INFORMATION:

Mr./Mrs., of legal age, residing at No.

..... St., Postal Code..... City/Town..... Province.....

holder of National ID No....., a copy of which is attached.

DECLARES:

4. That, by means of this written document, he/she expresses his/her desire to exercise his/her right to objection, according to articles 6.4, 17 and 30.4 of Organic Law 15/1999.

5. That (describe the situation in which your personal information is processed and list the reasons why you object to it):

6. That a copy of the following documents is attached in order to prove the situation described above:

REQUESTS:

7. That my exercise of right of objection be addressed under the foregoing terms.

In _____ on _____, _____ 20__

Signed:

INSTRUCTIONS:

6. Due to the very personal nature of the personal information it is necessary to attach a photocopy of the ID card or equivalent document that proves the identity of the affected person and that is considered legally valid so that the person responsible for the file may verify it. It may also be exercised through the legal representative, in which case documentation must be provided, in addition to the photocopy of the ID card, which certifies legal representation.

7. The domicile for notifications, date and signature of the interested party are also necessary.

FORM FOR EXERCISING THE RIGHT OF ERASURE

INFORMATION ABOUT THE PERSON RESPONSIBLE FOR THE FILE OR PROCESSING:

Name: **CATENON S.A.**

Access Office Address: **AVDA. DE EUROPA, 26 ATICA 5 BLDG. 2nd FLOOR - 28224 -**

POZUELO DE ALARCON - MADRID

REQUESTER'S INFORMATION:

Mr./Mrs., of legal age, residing at No.

..... St., Postal Code..... City/Town..... Province.....

holder of National ID No....., a copy of which is attached.

DECLARES:

That by means this written document he/she expresses his/her desire to exercise his/her right to erasure, according to article 16 of Organic Law 15/1999 and articles 15 and 16 of Royal Decree 1332/94.

REQUESTS:

8. That within a period of ten days to be counted from the receipt of this request, any information relative to my person that is kept in your files be effectively erased, pursuant to the provisions of Organic Law 15/1999 regarding the Protection of Personal Information and I shall be notified in writing at the above-mentioned address.

9. That if the information erased was previously communicated, the person in charge of processing shall be notified of the erasure so he/she may also proceed to make the necessary amendments in order to respect the duty of quality of information provided in article 4 of said Organic Law 15/1999.

10. That, if the person responsible for the file considers that said erasure does not apply, he/she shall equally communicate it, in a reasoned manner and within the ten-day period stated.

In _____ on _____, _____ 20__

Signed:

INSTRUCTIONS:

8. Due to the very personal nature of the personal information it is necessary to attach a photocopy of the ID card or equivalent document that proves the identity of the affected person and that is considered legally valid so that the person responsible for the file may verify it. It may also be exercised

through the legal representative, in which case documentation must be provided, in addition to the photocopy of the ID card, which certifies legal representation.

9. The domicile for notifications, date and signature of the interested party are also necessary.

10. In the case of erroneous information, it is necessary to provide copies of documents that certify the person responsible for the file. If, on the other hand, the requested rectification depends exclusively on the affected person's consent, it will not be necessary to provide documentation.

11. Without prejudice to the exercise of right of erasure, pursuant to article 16.5 of Organic Law 15/1999, personal information must be stored for the time provided in the applicable regulations or, when applicable, in the contractual relationships between the person or entity responsible for proceeding and the interested party.

FORM FOR EXERCISING THE RIGHT OF ACCESS

INFORMATION ABOUT THE PERSON RESPONSIBLE FOR THE FILE OR PROCESSING:

Name: **CATENON S.A.**

Access Office Address: **AVDA. DE EUROPA, 26 ATICA 5 BLDG. 2nd FLOOR - 28224 -**

POZUELO DE ALARCON - MADRID

REQUESTER'S INFORMATION:

Mr./Mrs., of legal age, residing at No.

..... St., Postal Code..... City/Town..... Province.....

holder of National ID No....., a copy of which is attached.

DECLARES:

That by means this written document he/she expresses his/her desire to exercise his/her right to access, pursuant to article 15 of Organic Law 15/1999 and articles 12 and 13 of Royal Decree 1332/94.

REQUESTS:

1. That free access to his/her files be provided a within a maximum period of one month counting from the time this request is received, and it will be considered denied if this term expires without said request being answered expressly.
2. That if the request for right of access were granted, the information shall be sent by mail to the address above within a period of ten days to be counted from the estimated resolution of the request for access.
3. That this information should legibly and intelligibly include the basic information about my person which is contained in the files, as well as the results of any elaboration, process or handling, as well as the origin of the information, the assignees and the specification of the concrete uses and purposes for which they were stored.

In _____ on _____, _____ 20__

Signed:

INSTRUCTIONS:

1. A photocopy of the ID card or any other means of personal identification which is considered legally valid must be attached, so that the person responsible for the file may verify it in a timely manner. If

acting through a legal representative (minor or disabled), documentation proving legal representation must be provided, in addition to a photocopy of the National ID Card.

2. The domicile for notifications, date and signature of the interested party are also necessary.

3. The right of access may not be exercised within periods of less than 12 months, except where there is duly justified and legitimate interest.