

## Authorized Agent Designation Form

*Instructions:* If you are a resident of California or the EEA and would like to designate an authorized agent to submit a request on your behalf related to your personal information, please complete this form in its entirety. A signed copy of this form must be submitted to us at the appropriate address below. Please note, if Belkin is unable to verify the identity of the individual submitting this form (the "Requestor"), we may ask for additional information or documents to verify the identity of the Requestor. For more information, please see our Privacy Policy at <https://www.belkin.com/us/privacypolicy/>.

**If sending by mail, please use the following address:**

Belkin International, Inc.  
555 South Aviation Blvd.  
Suite 180  
El Segundo, California 90245

**If sending by email, please use the following address:**

privacy@belkin.com

### 1. Requestor Information

<b>Full Name</b>
<b>Mailing Address</b>
<b>Email Address</b>
<b>Phone Number</b>

### 2. Authorized Agent Information

<b>Full Name of Authorized Agent</b>
<b>Email Address of Authorized Agent</b>
<b>Phone Number</b>

### 3. Authorization

I, Requestor, designate the Authorized Agent listed above for the sole purpose of submitting the following request(s) on my behalf (check all that apply):

- Request to delete my personal information; and/or
- Request to access my personal information.

By signing below and submitting this Authorized Agent Designation form, I affirm the following:

- I am a California resident or an EEA resident.
- I am the Requestor whose name appears above and the information provided in this form is true and accurate.
- The Authorized Agent is a natural person or a business registered with the Secretary of State to conduct business in California.
- I understand that I may be contacted directly in order to verify my identity and confirm designation of my Authorized Agent.
- I grant the Authorized Agent permission to submit the request(s) indicated above to Belkin on my behalf.
- I authorize Belkin to process such request(s) and I understand that any responses produced in connection with a request to access my personal information will not be sent to my Authorized Agent, but will instead be sent directly to me at the address provided above.
- The authority granted by this form will terminate 90 days after the date of execution.
- I agree to indemnify Belkin for any and all claims that arise against Belkin in relation to its reliance on this Authorized Agent Designation form.

**Signature of Requestor**

**Today's date**

Click here to enter a date.