CSL Data Subject Request Form – Self

Please answer all of the following questions completely and truthfully.

Enter the date you are making this request [Day/Month/Year]	
Information about you	
Enter your first name.	
Enter your surname.	
Please list any former/alternative name(s).	
Enter your phone number. (Please include the country code)	
Enter your postal address. Address must include: Street Address Village/Town/City County Postcode Country	
Enter your e-mail address.	
Can we contact you by e-mail regarding this request?	☐ Yes - This is how we will contact you and provide any information regarding your request. ☐ No - How would you prefer us to contact you and provide any information regarding this request? ☐ Post ☐ Phone ☐ Other (please specify):

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Can you provide proof of your identification?	☐ Yes - Please attach a copy of your identification (e.g. photo ID, passport, or another proof of identification). ☐ No - Please provide an explanation. Please note that your request may be delayed until verification of your identity has been obtained.
For which CSL entity are you requesting information? (Select one)	☐ CSL Behring ☐ CSL Plasma ☐ Seqirus
What is the relationship with the CSL entity? (Select one)	☐ Patient/Donor or Customer ☐ Health Care Providers (HCPs) who are not clinical trial investigators ☐ Clinical Trial Investigator (e.g. nurses, site coordinators, investigators) ☐ Clinical Trial Participant (e.g. patients in a clinical trial) ☐ Family (e.g. HCP spouses, employee dependents, patient caregivers) ☐ Current Employee ☐ Former Employee ☐ Candidates for Employment ☐ Contractor or Contingent worker ☐ Third party vendor/supplier ☐ Other (please enter brief explanation): _____

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Provide a unique CSL Identifier to help us locate your data. (Select one)	☐ Patient/Donor ID (please specify): _____ ☐ Health Care Provider (HCPs) Number (please specify): _____ ☐ Clinical Trial Investigator ID (please specify): _____ ☐ Clinical Trial Subject ID (please specify): _____ ☐ Employee ID (please specify): _____ ☐ Applicant Number (please specify): _____ ☐ Contractor or Contingent Worker User ID (please specify): _____ ☐ Third party vendor/supplier Number (please specify): _____ ☐ Other (please specify): _____ What type of identifier is this? _____ ☐ I do not have a unique CSL Identifier

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Information about the request	
What type of request are you making? (Select one)	☐ **Access**: request for further details regarding how CSL makes use of Personal Data and a copy of the Personal Data that CSL holds ☐ **Rectification**: request for CSL to correct specific Personal Data that it is processing if it is inaccurate or incomplete Note: In your response to the following question, please provide detail on how the data is currently recorded/listed as well as how you would like data to be changed. ☐ **Erasure**: request for CSL to delete or remove specific Personal Data that is no longer needed for a legal or legitimate purpose ☐ **Portability**: request for CSL to move, copy or transfer Personal Data to another organisation in a secure and usable manner ☐ **Objection/Restriction of Processing of Personal Data**: request for CSL to stop processing specific Personal Data, either entirely, for a limited time or for certain purposes ☐ **Objection to Automated Decision-Making**: request for CSL to cease making automated decisions and review any decision made
Enter a clear description of what action you are seeking.	

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What type(s) of data is this request regarding? (Select all that apply)	☐ General Contact Information (e.g. Name & Initials, Personal Directory Information such as e-mail, address and phone number) (please specify): _____ ☐ Personal Information (e.g. Personal characteristics such as racial or ethnic origin, age, place of birth, gender identity, religious or philosophical belief and sexual orientation, Household information such as estimated income, number of cars owned, dwelling type, Sensitive Personal Data such as criminal records, account usernames) (please specify): _____ ☐ Personal Identification Information (e.g. Government Issued Identification such as driving licence, passport number, national identity card) (please specify): _____ ☐ Digital Information (e.g. account login information, Cookie Identifiers) ☐ Health Information (e.g. medical history, genetic information, visit history, insurance, information, adverse reactions to medications) (please specify): _____ ☐ Employment Information (e.g. occupation, compensation, performance reviews) (please specify): _____ ☐ Education and Professional Qualification Information (e.g. education history, academic record, professional identifiers) (please specify): _____ ☐ Family/Caregiver information (e.g. information related to dependents such as the name, age and/or gender of a child or caregiver) (please specify): _____ ☐ Financial Information (e.g. credit card information, financial transactions, credit history) (please specify): _____ ☐ Clinical Trial Information (e.g. study information, treatments provided as part of a study, patient outcome, treatment dates) (please specify): _____

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	☐ Financial Reporting Information (e.g. Financial statements, Customer Pricing) (please specify): _____ ☐ Other (please enter a brief description): _____
Is there a specific CSL system or application you would like us to search to evaluate your request?	☐ Yes (please specify): _____ ☐ No

☐ By ticking this box, I certify that I understand that before complying with this request, CSL may require me to provide:

a. Proof of my identity;
b. Such further information as may be reasonably required for CSL to complete the request.

Please note that missing or incomplete information may result in a rejection of the request or a delay in the completion of the request.

Printed Name Signature

Except with the prescribed consent of the individual concerned, the Personal Data provided in this form will be used only for the purposes of processing this request and other directly related purposes. All information collected as a function of this request will be deleted 120 calendar days after the request has been closed, unless required for continuing legal requirements.