

Metalsa, S.A. de C.V. and its subsidiary entities

ARCO Rights Exercise Request, Limitation of Use/Disclosure, or Consent Revocation Folio: _____ **DATA OWNER INFORMATION** _____ Name(s): _____ Address Line 1: _ Street address, P.O. box, company name, c/o. Address Line 2: __ Apartment, suite, unit, building, floor, etc. City: _____ State/Province/Region: ____ ZIP: ____ Country: _____ Phone Number(s): _____ E-mail address: INFORMATION ABOUT THE AREA WHERE YOU PROVIDED YOUR PERSONAL DATA: Store, Distribution Center, or Office: ______ Branch Office: _____ _____ City:_____ State: _____ RIGHT TO BE EXERCISED: (Mark with an "X") Rectification Cancellation Opposition Access Limitation of Use or Disclosure | Consent Revocation

CLEAR AND PRECISE DESCRIPTION OF YOUR REQUEST:

PERSONAL DATA OBJECT OF THE PRESENT REQUEST:

WHERE DO YO WISH TO RECIEVE OUR RESPONSE: (Mark with an "X")

E-mail Address Other (specify)

IN CASE OF RECTIFICATION, SPECIFY THE FOLLOWING: The personal data is:	
The personal data should be:	
DOCUMENTS ATTACHED THAT SUPPORT THE RE	CTIFICATION:
SIGNATURE OF DATA OWNER:	
PLEASE ATTACH THE FOLLOWING DOCUMENTAT	TON:
Official ID of the Data Owner:	No.:
Issuing Authority:	
THE FOLLOWING ARE CONSIDERED VALID ID DO	OCUMENTS:
Passport	
Driver's License	
*The official ID presented must not have expired.	
IN CASE THE DATA OWNER EXERCISES HIS/HER	RIGHTS THROUGH A LEGAL REPRESENTATIVE:
Full Name of the legal representative:	
Official ID: No.:	
Issuing Authority:	
DOCUMENT THAT ATTESTS HIS/HER REPRESENTATI	ION (POWER OF ATTORNEY/PROXY):

*Attach a copy of the official ID of the Data Owner and, if applicable, of the legal representative and a copy of the respective document that attests his/her representation.

