



Unique Form for the Exercise of ARCO Rights and Withdrawal of Consent.

The personal data you will provide us through this Unique Form has exclusively the purpose of verifying the identity of the holder or his/her legal representative to exercise your ARCO (Access, Rectification, Cancellation or Objection) Rights; likewise, to Withdraw your Consent.

Date (mm/dd/yy)

Data of the Holder or his/her Legal Representative.

Paternal Surname

Maternal Surname

Name(s)

Address:

Street

Outer- Inner Number

Neighborhood

Municipality

State

Zip Code

Telephone

Email Address

To facilitate the location of your personal data, please specify the type of relationship with the company to whom you address this Request.

- Customer
- Supplier
- Applicant for employment
- Shareholder
- Employee (position): _____
- Former - employee (position and period): _____
- Other. Specify: _____

1. Exercise of ARCO Rights

Type of ARCO Right: Point out with an "X the right you wish to exercise (it can be one or more):

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- Access (access your personal data and know the privacy notice)
- Rectification (rectify your personal data when it is inaccurate or incomplete)
- Cancellation (cancel your personal data, after blocking it)
- Opposition (to oppose - in whole or in part - to the processing of your personal data for legitimate reasons)

Please describe briefly your Type of Request.

- **ACCESS:** In case of an access request, specify the personal data to which you request access, as well as any data that helps us to understand your request.
- **RECTIFICATION:** For rectification requests, point out clearly the data to be rectified and include the documents that endorse the requested modification.
- **CANCELLATION:** For cancellation requests, point out clearly the personal data to be canceled, as well as the grounds to request the elimination of the personal data.
- **OBJECTION:** In order to exercise the right to object, you must clearly indicate the personal data you are objecting, as well as the situation that leads you to request the termination of the processing (use) of

your data and the damage its continuation would cause, or if applicable, you must indicate the specific purposes for which you request that the processing of your data be terminated.

Describe clearly and precisely the personal data with respect to which you seek to exercise any of the Rights mentioned in item [3] above. In the event of the Right of Rectification, point out the corrections to be made and with respect to the Right to Object, point out whether you object to a specific processing, referring to those with which you are not satisfied.

Point out your e-mail address, in order to notify you the answer to your Request of ARCO Rights.

2. Withdrawal of Consent

Do you wish to withdraw the consent granted to FEMSA Services?

Yes

No

If your answer is yes, please point out the types of processing for which you wish to withdraw your consent:

If your answer is yes, please point out the grounds to withdraw the consent:

Point out your e-mail address, in order to notify you the answer to your Request for Withdrawal of Consent:

3. General Information

Procedure and requirements for sending this Unique Form.

You must send this Unique Form to the following email address dpo@femsa.com, jointly with the document necessary to prove your capacity, as appropriate, such as:

- Official ID (voting card, passport, national military service card, professional license) or, where appropriate, proof of legal representation (instrument of the notary public or proxy signed before two witnesses).
- In the exercise of the **Right to Rectify Personal Data**, please attach the documentation that supports such change.

In accordance with the Federal Law for the Protection of Personal Data in Possession of Individuals (*Ley Federal de Protección de Datos Personales en Posesión de Particulares*), its Regulations and other applicable provisions, you will receive a response to your Request for ARCO Rights within a maximum period of **twenty (20) business days** following the receipt of your Unique Form and if applicable, it will become effective within **fifteen (15) business days after** it was admitted.

If the information provided in this Unique Form is erroneous or insufficient, or, the appropriate accreditation documents are not enclosed, within five **(5) business days** following the receipt of the Request, you may be required to provide the elements or documents necessary to process it. You will have **10 (ten) business days** to respond to the request for rectification, as of the day it is sent. If there is no response within such period, the appropriate Request will be deemed and considered as not filed.

Means of response

You will receive a response to your Request via the email address you provided as contact details in this Unique Form and whereby you will be provided with the information electronically, namely, in digitized copies and print-screen of the systems, where applicable; besides, you will be informed on the withdrawal of consent, the secondary purposes that do not give rise and which are necessary to carry out and maintain the legal relationship between the company and you.