

Kowa Privacy Rights Request Form

This Kowa Privacy Rights Request Form ("Form") is for residents of certain U.S. states to make privacy rights requests related to processing of their personal information/data to the following Kowa entities: Kowa Company, Ltd., Kowa Holdings America, Inc., Kowa American Corp. LA Branch, Kowa American Corp. – Chemical, Kowa American Corp. – Lifestyle, Kowa Research Institute, Inc., Kowa Pharmaceuticals America, Inc., and Kowa Health Care US Company, Ltd. (collectively "Kowa," "we," "us," and "our").

A separate Form must be submitted for each Kowa entity that you would like to submit a request to. To submit your request, please complete this Form (one form per Kowa entity) and return it to Kowa by emailing it to contact@kowa.com.

We will apply the laws of the state where you are resident to your request. If your state does not require that we respond to your request, how we choose to respond is in our sole discretion. Please visit our U.S. Privacy Policy at <https://www.kowa.com/privacy-policy/> for more information about these rights.

If you are an authorized agent, complete the Form on behalf of the person you are making the request for.

Due to technical limits, to opt-out of third-party cookie selling/sharing/targeting for Kowa websites that have third-party cookies, you need to click on the "Your Privacy Choices" link on the footer of the Kowa website and opt-out on each device and browser.

Note: We will attempt to match this information to our records. Please provide the same information that you have used in your previous interactions with us.

* Required Field

1. * Select the Kowa entity to which you wish to submit your request.

Instructions: Select one only. Submit one form per Kowa entity.

- | | |
|---|---|
| <input type="checkbox"/> Kowa Company, Ltd. | <input type="checkbox"/> Kowa American Corp. – Lifestyle |
| <input type="checkbox"/> Kowa Holdings America, Inc. | <input type="checkbox"/> Kowa Research Institute, Inc. |
| <input type="checkbox"/> Kowa American Corp. LA Branch | <input type="checkbox"/> Kowa Pharmaceuticals America, Inc. |
| <input type="checkbox"/> Kowa American Corp. – Chemical | <input type="checkbox"/> Kowa Health Care US Company, Ltd. |

2. * What is your state of residence?

- California
 Texas
 Nebraska
 Washington
 Other (please specify): _____

3. * What is the nature of your relationship with Kowa? Select all that apply.

- Current or former Kowa customer
 Visitor to a Kowa website
 Current or former Kowa business contact
 Current or former Kowa job applicant, employee, independent contractor, or consultant

- Health care provider who is a customer of Kowa
- Current or former patient of a health care provider that is a customer of Kowa and whose Consumer Health Data may have been processed by Kowa
- Other (please specify): _____

4. * Details of Data Subject (i.e., information of the individual whose rights are being exercised)

First and Last Name	Email Address
Mailing Address	Phone Number

5. Details of the Authorized Agent Submitting the Request (if applicable) Please enclose with your submission written proof of your authority to submit a request on behalf of another individual.

Authorized Agent's First and Last Name	Name of Entity Submitting the Request (if applicable)
Authorized Agent's Mailing Address	Authorized Agent's Email Address
Authorized Agent's Phone Number	Agent's Basis for Authority

6. * Identify which rights you wish to exercise.

- Right to Know/Access: Categories/Confirm Processing
- Right to Know/Access: Specific Pieces/Access
- Do Not Sell/Share/Target Opt-out of Non-Cookie PD
- Right to Delete PD
- Right to Correct PD (Please explain what data you wish to correct and why in the box below):

- Right to Delete Consumer Health Data
- Right to Confirm Processing of Consumer Health Data

7. Previous Data Subject Requests

Note: This section only applies if you have made a previous request to Kowa.

Date(s) of previous request(s)

Name previous request(s) was made under

8. * Declaration

I declare that the information given by me above, or in response to Kowa's requests for additional information, is/will be correct to the best of my knowledge.

Signature

Date

Name

WHAT HAPPENS NEXT?

We will acknowledge your request in writing. We endeavor to respond to verifiable requests within the applicable timeframe under the state privacy laws. As permitted by state privacy laws, if we require more time, we will inform you of the reason and extension period in writing.

If your request is valid but we are unable to sufficiently verify your identity, and where applicable, the identity or authority of your authorized agent, we will advise you of this and may request additional information. Please promptly respond to such requests.

To submit this Privacy Rights Request Form, email it to contact@kowa.com.