

# Chobani®

Welcome! Please complete this form and submit it to [privacy@chobani.com](mailto:privacy@chobani.com). Thank you.

\*I am a:            Consumer

Employee

\*Select your request type(s):

Access

Cancellation

Rectification

Opposition

Revoke my consent

Deny consent for transfers to Business Partners, Advertising and Analytics Partners

\*First name:

\*Last name:

\*E-mail:

Phone number:

Mexico (+52)	
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State:

Country:

# Chobani®

Please include a clear and precise description of the personal data over which you seek to exercise any of the ARCO Rights:

Please include any other element or document that facilitates the location of the personal data:

If you chose the option rectification, please indicate the required modifications and upload the documents supporting such modifications.

Please include the documents accrediting your identity or the identity of your legal representative.