



PRIVACY POLICY RELATED FORM

To: [Stoke] Market, 521 Wallinger Ave, Kimberley, BC V1A 1Z7
Attention: Marketing Department
Title/Name: Privacy Officer

Customer / Employee

I, (print name) _____, hereby request and/or
notify [Stoke] Market

- Choose the appropriate option -

OPT OUT

that I do not wish to have promotional and marketing information mailed or delivered to my
attention.
Remove the following email address(es) from the mailing lists

REQUEST FOR PERSONAL INFORMATION

To provide me with a copy of my personal information under [Stoke] Market's control within
thirty (30) days (or such further extended period as may be permitted by law) of receiving this
request, generally indicating:

- 1) the purpose for which such personal information was used by [Stoke] Market; and
- 2) the individuals and organizations to whom such personal information has been
disclosed.

I agree to pay to [Stoke] Market (other than for employee's personal information if requestor is
an employee) all reasonable expenses and costs incurred by [Stoke] Market for providing me
with a copy of my personal information upon my request for such personal information and
confirm that [Stoke] Market will provide me with an estimate of such reasonable expenses
and costs prior to proceeding with providing me a copy of my personal information.

In the alternative, if [Stoke] Market refuses to fulfill this request, then I confirm that [Stoke]
Market will provide me with a reason as to why such request has been refused, and the
name, title, business address and business telephone number of an [Stoke] Market
representative who I can contact in relation to the reason for the refusal.

REQUEST TO AMEND RECORD OF PERSONAL INFORMATION

that the following personal information about me be corrected and completed, as the case may be, on the records of [Stoke] Market to accurately reflect the correct and complete status of my personal information :

WITHDRAWAL OF CONSENT

of my desire to withdraw my consent to the use and disclosure of my personal information by [Stoke] Market and its agents for the purpose of:

subject to that which is required or permitted by law, contractual restrictions/obligations of [Stoke] Market and/or is required by [Stoke] Market to properly and efficiently administer its day-to-day activities.

I understand that by withdrawing my consent, it may negatively affect me in relation to the programs and services available from [Stoke] Market.

(Customer/Employee) Signature

Print name

Address

Telephone No.

Date

Return this form completed, dated and signed to [Stoke] Market
- at the Kimberley Store location : 521 Wallinger Ave, Kimberley, BC V1A 1Z7
- via email at jill@stokemarkets.com