

Authorized Agent Designation Form

Instructions: If you would like to designate an authorized agent to submit a request on your behalf related to your personal information, please complete this form in its entirety. A signed and notarized¹ copy of this form must be submitted to us at the appropriate address below. Please note, if Nutrishop Inc. is unable to verify the identity of the individual submitting this form (the "Requestor"), we may ask for additional information or documents for verification purposes. For more information, please see our [Privacy Policy](#).

If sending by mail, please use the following address:

751 W Warm Springs Rd. #100
Henderson, NV 89011
877.688.7474

If sending by email, please use the following address:

Online@Nutrishopusa.com

1. Requestor Information

| |
|------------------------|
| Full Name |
| Mailing Address |
| Email Address |
| Phone Number |

2. Authorized Agent Information

| |
|---|
| Full Name of Authorized Agent |
| Email Address of Authorized Agent |
| Phone Number |
| Authorized Agent's California Secretary of State Registration Number² (if applicable) |

3. Authorization

I, Requestor, designate the Authorized Agent listed above for the sole purpose of submitting the following request(s) on my behalf (check all that apply):

- Request to delete my personal information;
- Request to access my personal information

By signing below and submitting this Authorized Agent Designation form, I affirm the following:

- I am the Requestor whose name appears above and the information provided in this form is true and accurate.
- I understand that I may be contacted directly in order to verify my identity and confirm designation of my Authorized Agent.
- I grant the Authorized Agent permission to submit the request(s) indicated above to Nutrishop on my behalf.
- I authorize Nutrishop to process such request(s) and I understand that any responses produced in connection with a request to access my personal information will not be sent to my Authorized Agent, but will instead be sent directly to me at the address provided above.
- The authority granted by this form will terminate 90 days after the date of execution.
- I agree to indemnify Nutrishop Inc. and its affiliates for any and all claims that arise against Nutrishop in relation to its reliance on this Authorized Agent Designation form.

| | |
|-------------------------------|----------------------------------|
| Signature of Requestor | Today's date (mm/dd/yyyy) |
|-------------------------------|----------------------------------|

¹ Notarization is only required if this request is being submitted by a U.S. resident.

² Please note, if you are designating an entity to act on your behalf, California law requires that such entity is registered with the Secretary of State.

4. Notary Information

If you are a resident of the United States, please complete the following notarization:

State of _____

County of _____

I, _____, do hereby confirm that on this _____ day of _____, 20____, the person named _____, appeared before me and has proven to be the individual named in Section 2 of the preceding document, and has acknowledged to me that this authorization is his/her wish.

| | |
|---|--|
| Signature of notary public | Notary seal <i>(if state requires a seal)</i> |
| Commission expiration date <i>(mm/dd/yyyy)</i> | |

* The notary seal must be dated within 30 days of receipt of this document by Nutrishop.