

REQUEST FOR PERSONAL INFORMATION FORM

TO: Save-On-Foods
19855 – 92A Avenue
Langley, British Columbia, V1M 3B6

Attention: Department: _____

I, _____, hereby request that Save-On-Foods, a division of Save-On-Foods Limited Partnership ("SOF"), provide me with a copy of my personal information under SOF'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 SOF; and
- 2) the individuals and organizations to whom such personal information has been disclosed.

I agree to pay to SOF (other than for employee's personal information if requestor is an employee of SOF) all reasonable expenses and costs incurred by SOF for providing me with a copy of my personal information upon my request for such personal information and confirm that SOF 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 SOF refuses to fulfill this request, then I confirm that SOF 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 SOF representative who I can contact in relation to the reason for the refusal.

(Customer/Employee) Signature

Print name

Address

Telephone No.

Date