

APPLICATION FOR EXERCISING ARCO RIGHTS, OR CONSENT TO REVOKE.



Before filling out this application, read the guidelines indicated on page 3.

Folio Number:

1. ARCO RIGHT TO EXERCISE.				
<input type="checkbox"/> Access	<input type="checkbox"/> Rectification	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Opposition	<input type="checkbox"/> Revocation
2. HOLDER'S DATA.				
From Holder:				
Surname		Name		
Holder's Legal Representative (if applicable):				
Surname		Name		
3. DOCUMENT ATTACHED TO ACCREDIT OWNER'S IDENTITY OR ITS LEGAL REPRESENTATIVE.				
Holder's proof of identity:		Legal Representative proof of Identity:		
<input type="checkbox"/> Copy of Official Identification. <input type="checkbox"/> Copy of Passport. <input type="checkbox"/> Copy of work license. <input type="checkbox"/> Copy of Military Service Card (male). <input type="checkbox"/> Copy of Valid Migration Document (foreigners).		<input type="checkbox"/> Copy of Official Identification. <input type="checkbox"/> Copy of Passport. <input type="checkbox"/> Copy of work license. <input type="checkbox"/> Copy of Military Service Card (male). <input type="checkbox"/> Copy of Valid Migration Document (foreigners). Accreditation for Legal Representative: <input type="checkbox"/> Power of attorney signed in front of two witnesses and a copy of the witnesses identification. <input type="checkbox"/> Notarized document stating the powers granted.		
In case of request of ARCO rights regarding minors:		In the event of a request for rights corresponding to persons in interdiction:		
<input type="checkbox"/> Copy of the minor's birth certificate. Guardian Accreditation: <input type="checkbox"/> Copy of the document proving that the person signing the application is the minor's guardian.		<input type="checkbox"/> Copy of the birth certificate of the person in interdiction, (minors). <input type="checkbox"/> Copy of official identification of the person in interdiction, (of legal age). Guardian Accreditation: <input type="checkbox"/> Copy of the document proving that the person signing the application is the guardian of the person in interdiction.		
4. MEANS THROUGH WHICH YOU WISH TO RECEIVE THE RESPONSE OF YOUR REQUEST.				
<input type="checkbox"/> E-mail:				
<div><div></div><div>E-mail</div></div>				
<input type="checkbox"/> Address:				
<div><div></div><div></div></div>				
Street Name		Number		Province
City		State	Country	Zip Code

5. HOLDER'S RELATIONSHIP WITH OPERADORA TURÍSTICA HOTELERA, S.A. DE C.
(HEREINAFTER REFERRED AS "OTH").

In order to facilitate the location of the information, please specify the type of relationship with OTH:

- ☐ Client (term): _____
- ☐ Guest (term): _____
- ☐ Other (specify): _____

6. IN REFERENCE TO THE EXERCISE OF THE RIGHT OF RECTIFICATION, CANCELLATION OR OPPOSITION,
DESCRIBE CLEARLY AND ACCURATELY THE PERSONAL DATA REGARDING WHICH RIGHT YOU'RE REQUESTING.

7. ADDITIONAL INFORMATION RELATED TO THE RIGHT TO EXERCISE.

ACCESS: Right of the Holder to request access to their Personal Data, as well as information regarding the conditions and generalities of its treatment.

RECTIFICATION: Right of the Holder to request the rectification or correction of their Personal Data, when these are inaccurate or incomplete.

Indicate the data you want to rectify:

Indicate the requested modification and attach the document that support your request:

CANCELLATION: Right of the Holder to request the deletion or elimination of its Personal Data, when Holder considers that they are not being treated in accordance with the principles, duties and obligations provided for in the Mexican Federal Law on Protection of Personal Data Held by Private Parties. (Hereinafter referred as "LFPDPPP").

Indicate the data you want to be cancelled:

Indicate the reason why you consider that your data is not being processed in accordance with the principles and duties provided in the LFPDPPP:

OPPOSITION: Right of the Holder to request the cessation of the processing of their Personal Data when there is a legitimate cause and their specific situation requires it, or when the cessation of treatment for specific purposes requires it.

Indicate the Personal Data that you want to stop being processed by OTH:

Mention the reasons why you oppose the processing of said Personal Data:

REVOCATION: Right of the Holder to request the revocation of the processing of their Personal Data.

Describe the purpose and reason why you wish to revoke your consent:

Under protest of telling the truth, I declare that the data set forth
in the present is true.

Name and signature of the Holder or legal representative

GENERAL INFORMATION.

Any request for ARCO rights must be requested through this application, in accordance with the following guidelines. In case of not complying with this requirement, OTH will consider that your application has not been submitted.

- Fill in the form with legible print.
- Email the application to the account: **datospersonales@grupovidanta.com**
- For the request to proceed, attach to the application a copy of the document that proves the identity of the Holder and, where applicable, one copy of the document that proof the identity of its legal representative, as indicated in point 3 of this form.
- In case of submitting this request through a legal representative, said representation must be accredited by means of a notarized document that contains the power of representation granted to the legal representative, or by means of a power of attorney signed before two witnesses, in which case said letter must be accompanied by a copy of the official identification of witnesses.
- In case of submitting a request for ARCO rights of minors or persons in interdiction, it is essential to present the documents indicated in point 3.
- Clearly indicate in point 4 of this form, the means for OTH to notify you of the response to your request.
- If your request is appropriate in accordance with the guidelines established in the Legislation and the OTH Privacy Notice, our Personal Data Office will notify you of the response within a maximum period of 20 (twenty) business days from the date of receipt of your request; the same that will take effect 15 (fifteen) days following the date on which we notify you of the corresponding response.
- In the event that your request is inadmissible, OTH will inform you, within a term of no more than 5 (five) business days after the date of receipt of the same, the cause of inadmissibility or the request for new elements or documents to give processing at your request.
- OTH will not be obliged to cancel your Personal Data when these are necessary for the development or fulfillment of the contractual relationship between you and OTH or when due to any legal obligation it is required to continue keeping and / or treating your Personal Data in accordance with the legislation and the OTH Privacy Notice.
- The exercise of their ARCO Rights is free, and the Holder must only cover the justified shipping costs or the cost of reproduction of copies or other formats.
- Any controversy that derives from this application or from your request for ARCO rights, will be resolved in accordance with the provisions of the dispute resolution procedure established in the OTH Privacy Notice.
- This application is governed by the applicable Mexican laws regarding the Protection of Personal Data, so any controversy will be resolved before the competent Mexican authorities.
- The Personal Data provided in this application will be processed by OTH in order to meet your request for ARCO rights provided for in Chapter IV of the LFPDPPP.

Scan below to learn
about our **Privacy Notice**

