



**DATA SUBJECT RIGHTS REQUEST FORM**

In accordance with my rights under the EU General Data Protection Regulation (“GDPR”) as a resident of the EU, I the undersigned data subject, or representative of a data subject, hereby make the following request to Cypress Semiconductor Corporation or its legal affiliate located in my home country or elsewhere in the EU (collectively, “Cypress”).

Please provide the following details about yourself:

Full name:

.....

Current Address:

.....

.....

.....

E-mail Address: .....

Telephone No: .....

To the extent relevant to identifying your account or record, please provide the following additional information:

Date of Birth: .....

Employee ID: .....

**PLEASE INDICATE THE NATURE OF YOUR REQUEST BELOW**

<input type="checkbox"/>	Please Provide Copies of All My Information in Your Possession and Control
<input type="checkbox"/>	Please Cease Processing My Information without Deleting My Information
<input type="checkbox"/>	Please Provide a Summary of the Processing Performed on my Information
<input type="checkbox"/>	Please Delete all My Information in Your Possession and Control
<input type="checkbox"/>	Please Provide an Electronic (Portable) Copy of my Information
<input type="checkbox"/>	Please Identify any Third-Party Processors who Process My Personal Information

**Request Regarding My Own Information**

If making a request for your own information, you are the data subject and documentary evidence of your identity is required (e.g., photocopy of your government-issued ID such as a driver’s license or passport) and should be sent with this form to the contact address below.

**Request Regarding Someone Else’s Information**

If you are not the individual whose information is in our files, please complete the certification below and provide legal notice of your authority to act as attorney-in-fact for the data subject. Please include this document with your identification:

*I, \_\_\_\_\_, hereby certify that I am authorized to request information on the Data Subject listed below and will provide proof of such authority with this completed request form.*

Signature: .....

Date: .....

**Data Subject**

Full name: .....

Current Address:

.....  
.....  
.....

E-mail: .....

Telephone No: .....

Please describe in as much detail as possible the information you seek including the date ranges and types of data together with any other relevant information to help us identify the information you require:

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.....  
.....  
.....

ALL REQUESTING PARTIES MUST COMPLETE THIS SECTION

I ..... confirm that the information given on this application form to Cypress is true, and I understand that Cypress may need more information to confirm my identity or that of the data subject to locate the information that I am requesting.

Signature: .....

Date: .....

<p>Please return this completed form as a PDF to <a href="mailto:privacy@Cypress.com">privacy@Cypress.com</a> along with the following:</p> <ul style="list-style-type: none"> <li>a) Evidence of your identity(ies).</li> <li>b) Evidence of the data subject's identity (if different from (a)).</li> </ul>	<p>HQ Address: Cypress Semiconductor Corporation  Attn: General Counsel, Legal Department  198 Champion Ct., San Jose, Ca 95134, USA  Email: <a href="mailto:privacy@cypress.com">privacy@cypress.com</a>  Facsimile: +1- 408-545-6911</p>
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**Note: There is no fee for a Subject Access Request, however, your request must be reasonable and proportional as to not overburden the organization with overly broad requests that would be financially prohibitive to comply.**