

Personal Data

Dear Visitor

The Data Protection Act of Switzerland and the Regulation (EU) 2016/679 (General Data Protection Regulation ("GDPR")) provides you (the "data subject") with certain rights regarding your personal data (that is "information about you"). Please use the following form to submit a request or complaint to us Numab Therapeutics AG and our Affiliates ("Numab"). Your request or complaint is about access, rectification, erasure, restriction of processing, portability, objection to processing, or objection to automated decisions of your personal data.

To ensure the protection of your personal data submitted through the form via email, we recommend you use end-to-end encryption. Alternatively, you have the possibility to print the form, fill it in, and mail it to one of the following addresses:

- European Union: Vivenics B.V., P.O. Box 228, 5340 AE Oss, Netherlands.
- Switzerland: Numab Therapeutics AG, Bachtobelstrasse 5, 8810 Horgen, Switzerland.
- United Kingdom: AssureMore, 3 Diamond Avenue, Belfast BT10 OHG, Northern Ireland, UK

- United States: Numab US LLC, P.O. Box 902, Northboro, 01532, Massachusetts, United States.

The information you provide us is the basis on which we search for your personal data and process your request or complaint.

If you have any further questions or wish to send the form via email, please do not hesitate to contact our Data Protection Officer at dataprotection@numab.com.

If you are a resident of the European Union (EU), Iceland, Liechtenstein, or Norway, you may also contact our EU GDPR Representative: representative@vivenics.com.

If you are a resident of the United Kingdom (UK), you may also contact our UK GDPR Representative: representative@assuremore.com.

I am responsible for overseeing the response to your request or complaint. Following the submission of your request or complaint, you will receive a confirmation email and we plan to get back to you within one month of submission.

Yours sincerely,

Your Numab Data Protection Officer on behalf of Numab

Please identify yourself

*First name

Middle name

*Surname

*Address line 1

Address line 2

*City

*Post/zip code

State

*Country

*email

*Phone number

Note: Please provide (a) phone number(s) where we may reach you in case of questions.

**items highlighted with an Asterisk (*) are mandatory information that must be provided.*

What is your preferred language of correspondence?

English French German
 Spanish Italian Other:

What is your relationship with us?

No relationship with Numab
 Website and/or app user
 Job applicant
 Employee of potential business customer of Numab
 Employee of a business customer of Numab
 Employee of a supplier of Numab
 Employee of Numab, former
 Employee of Numab, current
 Consultant working for, please specify:

Other, please specify:

Note: Please tick all applicable boxes.

What is the period of this relationship with us?

Start Date?

End Date?



Please state your request

Right of access:
 Please describe which personal data you wish to access.

Right to object:
 Please describe to which processing of personal data you object to and the reason for your objection.

Right of rectification: Which data are inaccurate or incomplete?
 Please describe which personal data you wish to correct.

Right to not be subject to a decision which may include a measure based solely on automated processing, including profiling.

To which decision do you object to:

What is the correct and complete entry?

Which decision do you request to be supplemented by manual processing:

Right of erasure:
 Please describe which personal data you wish to have erased, for how long, and the reason for erasure.

Please state your complaint, if any:

Right of temporary restriction of processing:
 Please describe which personal data you wish to temporarily restrict us from processing.

Data
 Duration
 Reason



Right to data portability:
 Please describe which personal data you wish to obtain or transfer to somebody else.

Reason
 Data
 Transfer to (if applicable)
 Means of transfer
 electronic OR
 regular post OR
 Other:

When complete, please send this form by email or regular mail (as described on the first page of this form). Please attach a document that confirms your identity. This may be, for example, a copy/picture of your passport, driver's license, national identity card (ID). Please make sure your passport, license, or national ID number is blurred. Please do not hesitate to consult any of your government's guidelines for blurring these numbers. After submission, you will receive a confirmation email or letter and a request number. If you did not receive the confirmation email, please check your spam folder, or verify your email address and re-submit this form.

(tick **one** box only!)

Notes: When provided, your personal data is in a generally legible format. For electronic transfers, the transfer is encrypted.