

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, or if you are an authorized agent yourself, a signed and notarized¹ copy of this form must be submitted to Azorra Aviation Holdings, LLC and its corporate affiliates (collectively, "Azorra," "we," "us," or "our").. This form can be submitted by selecting "Authorized Agent" in our privacy request portal and following the instructions for attaching documents.

Please note, if we are unable to verify the identity of the individual about whom information is being requested (the "Requestor"), we may ask for additional information or documents for verification purposes. For more information, please see our [Privacy Notice](#).

If sending by mail, please use the following address:

If sending by email, please use the following address:

In the United States:

DSR@azorra.com

Azorra Aviation Holdings, LLC
201 East Las Olas Blvd., Suite 2250
Fort Lauderdale, FL 33301
United States

In the European Union:

Azorra Limited
25 Earlsfort Terrace,
First Floor
Dublin D2, D02 PX51
Ireland

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

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 access my personal information.
- Request to delete my personal information.
- Request to correct my personal information.
- Request to object to the processing of my personal information.
- Request to restrict the processing of 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 Azorra on my behalf.
- I authorize Azorra 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 Azorra for any and all claims that arise against Azorra in relation to its reliance on this Authorized Agent Designation form.

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

Signature of Requestor	Today's date <i>(mm/dd/yyyy)</i>
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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 as the Requestor in Section 1 above appeared before me, 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 Azorra..