



## **CYTOKINETICS PRIVACY RIGHTS REQUEST FORM**

Cytokinetics values your privacy and the confidentiality and security of your data. We have created this form so that you can submit a request regarding your personal information.

In order for us to process your request, we need to verify your identity and confirm that the personal information relates to you or a member of your household. We will respond to your request as soon as possible.

For more information about how we use and protect your personal information, please visit our [Privacy Policy](#).

### **Requester Information:**

On whose behalf are you submitting this form?
What is your relationship to Cytokinetics?
What right to you want to exercise?
First Name
Last Name
Email

### **Request Details:**

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### **Acknowledgment:**

By signing this form, I confirm I am a resident of California and the information I have provided is accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To submit a request by phone:

1-888-914-9661

PIN: 714392

[Privacy@cytokinetics.com](mailto:Privacy@cytokinetics.com)