



NEW PASSCARD REQUEST FORM

AUTHORIZATION

COMPANY _____

NAME _____ DATE _____

SIGNATURE _____ OWNER _____

TELEPHONE _____ DEPARTMENT _____

NEW PASSCARD INFORMATION

NAME _____

ACCESS INFORMATION

LEVEL _____ LEVEL _____

LEVEL _____ LEVEL _____

LEVEL _____ LEVEL _____

EXISTING PASSCARD (if applicable)

STATUS LOST STOLEN DAMAGED OTHER CARD NUMBER _____

Your privacy is very important to us. Personal information collected from you, including your photograph, will be kept confidential and is to be used only for access control and security purposes by your employer and The Cadillac Fairview Corporation Limited and its affiliates ("Cadillac Fairview"). It will also be disclosed to any entity that acquires Cadillac Fairview provided such entity similarly agrees to protect your privacy. Cadillac Fairview may also use third parties to process some aspect of the personal information for its own internal purposes, provided such third parties similarly agree to protect your privacy.

An access log showing your name, card number, dates, times and areas of access and egress to the premises will be made available to your employer upon written request.

If you wish to have a copy of Cadillac Fairview's privacy policy, or have a privacy question or concern, you may contact Cadillac Fairview's Chief Privacy Officer in writing at 20 Queen Street West, Suite 500, Toronto, Ontario, M5H 3R4.

I, the undersigned, have read and acknowledge the above privacy statement and consent to the collection, use and disclosure of my personal information for the purposes stated therein.

EMPLOYEE SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

| | | |
|----------------|---------------|--|
| PHOTO | PROGRAMMED | PASSCARD ISSUED <small>(if applicable)</small> |
| DATE _____ | DATE _____ | SIGNATURE _____ |
| PASSCARD _____ | INITIAL _____ | WITNESS _____ |