

**CALIFORNIA CONSUMER PRIVACY ACT (CCPA)
AGENT AUTHORIZATION STATEMENT**

Consumer Information:

Name: _____

Address: _____

Email: _____

Authorized Agent Information:

Name: _____

Address: _____

Email: _____

I hereby designate the authorized Agent listed above as my third party-designee and authorized agent to make a request pursuant to the California Consumer Privacy Act (“CCPA”) on my behalf. I further authorize Agent to correspond with Samsung Semiconductor, Inc. and its employees, agents, affiliates, officers, directors, or representatives on my behalf in all matters with respect to communications relating to the CCPA.

I hereby agree to notify Samsung Semiconductor, Inc. in writing of any cancellation of this Agent Authorization Statement. Such notices should be emailed to Samsung Semiconductor, Inc. at compliance@ssi.samsung.com or sent via postal mail to: 3655 N First St, San Jose, CA 95134, Attention: Legal/Compliance Department.

IN WITNESS WHEREOF, the undersigned has executed this Agent Authorization Statement in _____, California on _____
(CITY) (DATE)

By: _____

Name: _____