

This Request Form is for exercising your rights under Quebec's Law 25. Quebec's Law 25 applies to residents located in the Province of Quebec.
To enable GM Financial to fulfill your request, please complete the Request Form below.

SECTION A: Are you a resident located in the Province of Quebec or submitting this request on behalf of a resident located in Quebec?

Yes No

Continue to Section B if Yes was selected. At this time, we are only fulfilling requests from residents located in the Province of Quebec.

SECTION B: Please describe your relationship with GM Financial:

- Select and complete the applicable section(s) below and then move to Section C
- A separate Request Form must be submitted for each individual

I am an authorized third party submitting this request on behalf of a Quebec resident

Please attach any documents to support your authority to act on behalf of the person for whom you are submitting a Request Form.

First Name		Last Name	
Law Firm (if applicable)	Phone Number	Relationship	

Please continue to select the applicable relationship and ensure that the information provided below is that of the individual you are submitting the request on behalf of.

I am a Customer

This includes an applicant who does not have an account with GM Financial or a current or former customer with GM Financial.

Please select Consumer or Commercial Customer:

Consumer Customer Commercial (corporation/business) Customer

Consumer Information:

First Name		Last Name	
Street Address		Apt/Suite/Box Number	City
Province	Postal Code	Phone Number	
Date of Birth (Month/Day/Year) / /	Email Address	Account Number (if applicable)	

Commercial (corporation/business) Information:

Corporate/Business Name			
Street Address		Apt/Suite/Box Number	City
Province	Postal Code	Phone Number	
First Name	Last Name	Date of Birth (Month/Day/Year) / /	
Email Address		Account Number (if applicable)	

<input type="checkbox"/> I purchased an optional product (Examples Vehicle Service Agreement, Guaranteed Asset Protection (GAP), Excess Wear & Use, and Tire & Wheel)		
First Name	Last Name	Contract /Agreement Number
Email Address	Phone Number	Vehicle Identification Number (VIN – 17 digits)

<input type="checkbox"/> I am currently or previously was employed by or owned a GMF service provider		
First Name	Last Name	
Vendor Legal Name	Vendor DBA	Business Email Address

<input type="checkbox"/> I currently or previously worked or applied to work for GM Financial		
<input type="checkbox"/> Job Applicant <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee		
First Name	Last Name	
Street Address (at time of application or employment)	Apt/Suite/Box Number	City
Province	Postal Code	Phone Number
If a Current/Former Employee: Date of Birth (Month/Day/Year) / /	Email Address (at time of application or employment)	Current Email Address (if different)

<input type="checkbox"/> I currently or previously worked for a company that does business with GM Financial <input type="checkbox"/> Current Contractor <input type="checkbox"/> Former Contractor			
<input type="checkbox"/> I currently or previously worked at, or am otherwise associated with, a dealership that does business with GM Financial			
First Name	Last Name		
Street Address	Apt/Suite/Box Number	City	
Province	Postal Code	Phone Number	
Name of Current/Former Company associated with (if applicable)	GM Financial Email Address at time of contracting		
If you currently/previously worked at a dealership that does business with GM Financial, complete the following:			
Dealership Name	Dealership Street Address	Dealership Apt/Suite/Box Number	Dealership City
Dealership Province	Dealership Postal Code	Email Address used at Dealership	

<input type="checkbox"/> Other Please explain in detail:			
First Name		Last Name	
Street Address		Apt/Suite/Box Number	City
Province	Postal Code	Email Address	

SECTION C: Select Request Type(s)

- Complete the applicable section(s) below and then move to Section D.

Request to Access
 Please explain your request in detail:

Request for Correction or Rectification
 Specific personal information to be corrected. Please identify:

Request to Delete/Deidentify

Specific personal information that GM Financial has collected. Please identify the personal information to be deleted:

All personal information that GM Financial has collected.

SECTION D: Preferred Contact Method:

Email (provide email address if preferred email is different than the email address provided above)

By providing an email address, I consent to email communication to this address for the purposes of this Request Form. If you need assistance sending this Request Form or any associated attachments with encryption, please email privacyrequests.ca@gmfinancial.com.

Mail (provide full address if not already provided or if different than the address provided above)

Street Address		Apt/Suite/Box Number
City	Province	Postal Code

Phone Number that we can contact you with questions related to this Request Form:

SECTION E: Submit the completed Request Form to GM Financial by one of the following options:

By Email: privacyrequests.ca@gmfinancial.com

By Mail: 2001 Sheppard Avenue East, Suite 600, Toronto, ON, M2J 4Z8
 Attention: VP Credit and Risk Management, Privacy Officer