



PASSCARD AUTHORIZATION FORM

PLEASE COMPLETE ONE FORM PER EMPLOYEE

Company Name: _____ Date: _____

Building Address: _____

Access required for the floor / level(s): _____ Other areas (please specify): _____ Time restrictions required: _____

Employee's Full Name: _____ Phone: (include area code) _____
 (Last) (First)

Authorizing Person's Name: _____ Phone: (include area code) _____
 (Last) (First)

Authorized Person's Signature _____

TO BE COMPLETED BY CF PROPERTY			
<input type="checkbox"/> New Employee	Card Number	<input type="checkbox"/> Replacement	Card Number
Photo: Yes <input type="checkbox"/> No <input type="checkbox"/>	Time Entered:		

The Cadillac Fairview Corporation Limited and its affiliates ("Cadillac Fairview") uses the information collected from you, including your photograph and logs relating to your use of the passcard, for building access control and security purposes. Your information may be transferred to third-party service providers who process personal information on our behalf, provided such third parties agree to safeguard your information. Your information may also be transferred to a third party in the event a third party acquires all or part of our business.

You understand and agree that Cadillac Fairview will disclose information about your use of the passcard to enter a tenant's premises with that tenant. You understand that the tenant is responsible for the handling of that information once it has been disclosed to the tenant. Cadillac Fairview may also disclose your personal information to law enforcement or others for the purposes of an investigation or where required by law.

If you wish to have a copy of Cadillac Fairview's privacy policy, please visit www.cadillacfairview.com. If you 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