



CF PACIFIC CENTRE & HSBC BUILDING PASSCARD FORM

TO BE COMPLETED BY THE TENANT'S ACCESS CARD ADMINISTRATOR	COMPANY NAME: _____	
	BUILDING ADDRESS: _____	
	SECURITY CONTACT NAME: _____	<i>Security Contact as listed on the CF Client Contact Form submitted by your company.</i>
	SECURITY CONTACT SIGNATURE: _____	<i>Handwritten or Certified Digital Signatures are required as this is a legal document.</i>
	PHONE NUMBER: _____ DATE: _____	
Choose ONE option per form	<input type="checkbox"/> REQUEST FOR A NEW ACCESS CARD <input type="checkbox"/> REQUEST FOR A NEW ACCESS FOB (keyring) <input type="checkbox"/> REQUEST FOR MOBILE KEY ACCESS (NFC enabled IOS or Android devices. Subject to company enrollment) <input type="checkbox"/> THE LISTED CARD OR FOB NUMBER IS BEING ASSIGNED: <input type="checkbox"/> THIS CARD, FOB or MKA WAS ISSUED AT A CF PROPERTY OTHER THAN CF PACIFIC CENTRE & HSBC BUILDING (NEEDS TO BE ENTERED AS NEW) + _____	
	<input type="checkbox"/> EXPIRY DATE _____	DATE: _____
	<input type="checkbox"/> DEACTIVATE THIS CARD OR FOB WHICH IS BEING REPLACED: THE STATUS OF THE DEACTIVATED CARD/FOB IS: + _____ <input type="checkbox"/> DAMAGED <input type="checkbox"/> LOST <input type="checkbox"/> TERMINATED <input type="checkbox"/> STOLEN <input type="checkbox"/> INACTIVE	

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, MSH 3R4.1, 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.

TO BE COMPLETED BY THE CARDHOLDER	CARDHOLDER NAME: _____	<i>No other person may sign for the cardholder as this is a legal document.</i>
	CARDHOLDER SIGNATURE: _____	<i>Handwritten or Certified Digital Signatures are required as this is a legal document.</i>
	CORPORATE EMAIL ADDRESS (for *MKA only): _____	
	<i>- Office tenant amenities access includes Bike Storage, Change Rooms, Fitness Facilities, CF Terrace (Patio, Tennis, Basket Ball, Bocci). - Retail tenant amenities access grants access to the Retail Bike Cage.</i>	

- ❖ Forms can be submitted as a PDF or as a JPG/GIF/PNG file. They must be clearly readable with no portion of the form cut off.
- ❖ Forms with typed signatures must be accompanied by validation in the form of a certified digital signature.
- ❖ Forms that are incomplete, appear to have been altered, have more than one number listed for activation or are illegible without supporting documentation can not be processed.
- ❖ We process all requests in the order they are received which are normally completed within 2 days of receiving the fully completed form. Requests of 10 items or less per email are prioritized as these allow our team to process orders more expediently.

COMPLETED BY CF / SECURITY	DATE ENTERED: _____	
	CF/SECURITY INITIALS: _____	CARD NUMBER: + _____