

Property Access Authorization Form

TEC Security and Life Safety Office Location: Suite#122, 220 Yonge Street, Toronto

Office Hours: Monday to Friday 9:00 am – 1:00 pm

Instructions:

1. Please complete the form below.
2. Upon completion, submit the form to: In-person or email to tecaccessc@cadillacfairview.com

SECTION-1 : TO BE COMPLETED BY EMPLOYEE

Company Name:

Company Address:

Suite / Floor#:

Employee Work Address:

Type of Request: New Employee Replacement Card

Access Type: Physical Pass Card Mobile Key Access

Employee's Name:

Last Name

First Name

Phone Number:

(include area code)

Employee Work Email Address:

For new employee:
Upload your picture here or
visit in person at Security office

The Cadillac Fairview Corporation Limited and its affiliates (collectively, "Cadillac Fairview") uses the information collected on this form and through the use of the access card and/or mobile key access (including your photograph and logs relating to the use of the access card) as part of our building security programs. We use information we collect as part of building security programs to help secure and protect our property, to create a safe environment for our tenants, building occupants and visitors, to respond to emergencies, to investigate violations of our policies or laws, and to investigate claims (such as property damage or personal injury). **You understand and agree that Cadillac Fairview will disclose information about your use of the access card and/or mobile key access 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 in connection with law enforcement or other investigations, insurance claims, and other circumstances disclosed in the Cadillac Fairview Privacy Policy www.cadillacfairview.com/en_CA/privacy.html. 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.

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 or cfprivacy@cadillacfairview.com.

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

Employee Signature: _____

Date:



CF Toronto Eaton Centre

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SECTION-2: TO BE COMPLETED BY AUTHORIZED CLIENT REPRESENTATIVE (if New Employee or change in Access request)

Access required for the
floor / level (s):

Access to any other areas:

Time restrictions required:

Phone Number:

(include area code)

I have verified employee information and pictures. I agree, on behalf of the company listed above, that any personal information of the individual listed above that is disclosed by Cadillac Fairview to the company will be collected, used, retained, disclosed and otherwise handled by the company in accordance with applicable privacy laws.

Authorized Client
Rep Signature _____

Date & Time

SECTION-3: TO BE COMPLETED BY CF PROPERTY OPERATIONS:

Access Card Number Issued:

Date & Time

Picture Received

Yes

No

Initial