Instructions:

In accordance with the VF Corporation Privacy Policy Statement (available at: https://www.vfc.com/privacy-policy and our How to Exercise Your Privacy Choices webpage (available at: https://www.vfc.com/privacy-requests) ("you" or "your") are permitted to make requests and exercise rights relating to your personal information that has been collected by VF Corporation and its subsidiaries and brands ("Affiliates"), which include Altra®, Eastpak®, Icebreaker®, JanSport®, Kipling®,Napapijri®, Smartwool®, and Supreme ®,The North Face®, Timberland® and Vans®.

The purpose of this form is to verify your identity in connection with your privacy request submitted at https://www.vfc.com/privacy-requests or by U.S. mail.

Please complete the following steps:

1. The Declaration *(page 2)* must be completed and signed by you unless you have given an authorized agent a valid Power of Attorney.
2. You or your authorized agent must include a form of photo identification (*paragraph 4, page 2).* You must redact (black out) any identifying information other than your photograph, name and address.
3. If the Declaration is completed and signed by an authorized agent pursuant to a valid Power of Attorney, you must provide a copy of the Power of Attorney.
4. For instructions on completing the Declaration, please see the Sample (*page 3*). The information provided in the Sample does not, and is not intended to, constitute legal advice; instead, all information, content, and materials available in the Sample are for general informational purposes only.
5. Please return the signed Declaration of Identity to us at Consumer_Privacy_US@vfc.com or mail to us at VF NORA Consumer Privacy Office at 105 Corporate Center Blvd., Greensboro, NC, USA 27408.

If you would like to learn more about how VF handles consumers' personal information, please read our Privacy Policy Statement at https://www.vfc.com/privacy-policy. If you have any additional privacy inquiries or concerns, please contact us at Consumer_Privacy_US@vfc.com.

STATE OF _____)
) DECLARATION
COUNTY OF_____)

Pursuant to 28 U.S.C. § 1746, I declare as follows:

1. I am over 18 years of age, of sound mind, and otherwise competent to make this Declaration. The evidence set out in the foregoing Declaration is based on my personal knowledge.

2. My full and legal name is: _____

3. My current legal address is (street, city, state & zip): _____

   _____

4. As verification of my identity, I have enclosed a form of photo identification (check applicable form of identification below). **I have redacted (blacked out) all identifying information other than my photograph, name and address.**

Type of Photo Identification:

☐ U.S. Passport or U.S. Passport Card
☐ Driver's license or identification card issued by a state or outlying territory of the U.S.
☐ ID card issued by federal, state or local government agencies or entities
☐ School ID card
☐ Voter registration card
☐ U.S. military card or draft record
☐ Military dependent's ID card
☐ U.S. Coast Guard Merchant Mariner Document (MMD) card
☐ Native American tribal document
☐ Form I-551, Permanent Resident Card or Alien Registration Receipt Card
☐ Form I-766, Employment Authorization Document Card
☐ Foreign passport
☐ Other: _____

5. Upon information and belief, VF Corporation and, or one of more of its Affiliates (as defined on page 1) has collected my personal information.

6. I provide this Declaration to verify that I am the individual named above for purposes of a privacy request sent to VF Corporation, and to confirm that I wish to exercise the privacy request submitted at https://www.vfc.com/privacy-requests or via U.S. mail.

I declare UNDER PENALTY OF PERJURY that the foregoing is true and correct.

Signature: _____ Date:_____

SAMPLE. DO NOT SIGN. THE INFORMATION PROVIDED IN THE SAMPLE DOES NOT, AND IS NOT INTENDED TO, CONSTITUTE LEGAL ADVICE; INSTEAD, ALL INFORMATION, CONTENT, AND MATERIALS AVAILABLE IN THE SAMPLE ARE FOR GENERAL INFORMATIONAL PURPOSES ONLY.

STATE OF Enter state where you have signed this Declaration.)
) DECLARATION
COUNTY OF Enter Country where you have signed this Declaration.)

Pursuant to 28 U.S.C. § 1746, I declare as follows:

1. I am over 18 years of age, of sound mind, and otherwise competent to make this Declaration. The evidence set out in the foregoing Declaration is based on my personal knowledge.

2. My full and legal name is: Enter full legal name (first, middle, last) of consumer submitting a privacy request

3. My current legal address is (street, city, state & zip): No PO boxes. Enter building or house number, unit number (if applicable), street name, city, state and zip code of consumer submitting a privacy request.

4. As verification of my identity, I have enclosed a form of photo identification (check applicable form of identification below). **I have redacted (blacked out) all identifying information other than my photograph, name and address.**

Type of Photo Identification:

Check the type of photo identificatio that you have enclosed. Redact (blac out) any identifying information othe than your photo, name and address.

☐ U.S. Passport or U.S. Passport Card
☐ Driver's license or identification card issued by a state or outlying territory of the U.S.
☐ ID card issued by federal, state or local government agencies or entities
☐ School ID card
☐ Voter registration card
☐ U.S. military card or draft record
☐ Military dependent's ID card
☐ U.S. Coast Guard Merchant Mariner Document (MMD) card
☐ Native American tribal document
☐ Form I-551, Permanent Resident Card or Alien Registration Receipt Card
☐ Form I-766, Employment Authorization Document Card
☐ Foreign passport
☐ Other: _____

5. Upon information and belief, VF Corporation and, or one of more of its Affiliates (as defined on page 1) has collected my personal information.

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I declare UNDER PENALTY OF PERJURY that the foregoing is true and correct.

Enter date signed.

Signature: - If you are submitting this Declaration on your own behalf, sign your name. Date:_____

- If you are submitting this Declaration as an authorized agent pursuant to a valid Power of Attorney, use the following format:

[Sign principal's name] by [Sign your name], Attorney in Fact

- You must provide a copy of the valid Power of Attorney is signing as an authorized agent.