

Requesting Date: \_\_\_\_\_

### Application Form for Disclosure of Retained Personal Data

(Requester) Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (      ) \_\_\_\_\_

1. Name of company to which the request is applied	
2. Classification of request	<input type="checkbox"/> Disclosure <input type="checkbox"/> Modification <input type="checkbox"/> Suspension of use
3. Classification of requester	<input type="checkbox"/> Principal <input type="checkbox"/> Legal representative <input type="checkbox"/> Attorney
4. Address and name of the principal in the personal information (Fill out the field only when requested by representative/attorney.)	
5. Details of personal information *1	
6. Details of modification or suspension of use *2	

The following is used by the company to which the request is applied. (the “Company”).

Method of confirming the identification of the principal, etc.	<input type="checkbox"/> Driver’s license <input type="checkbox"/> Passport <input type="checkbox"/> Others (      )
Method of confirming the power of attorney	<input type="checkbox"/> Driver’s license <input type="checkbox"/> Passport <input type="checkbox"/> Others (      )
Office use only	Received on (mm/dd/yyyy) (Person in charge:      (      copy(ies)))

\*1 Describe any details about our services or goods to which the requested personal information is related in 5. (e.g.: Application form of a magazine “XX” issued in FY XX)

\*2 Write the reason(s) for the request for modification or suspension of use in as detail as possible.