


Request for Disclosure of Personal Information

Please fill in the following fields.

Content of Inquiry	Please check the appropriate item. <input type="checkbox"/> Notification of purpose of use <input type="checkbox"/> Disclosure of personal information <input type="checkbox"/> Correction <input type="checkbox"/> Addition of information <input type="checkbox"/> Removal of information <input type="checkbox"/> Suspension of use <input type="checkbox"/> Erasure <input type="checkbox"/> Suspension of provision to third parties <input type="checkbox"/> Disclosure of any and all records provided to third parties
	※ Please include as much detail as possible about the circumstances (timeframe, occasion, etc.) in which you submitted your information, so that our company may confirm the relevant personal information or third-party provision records.
	※ Should you wish to request disclosure of your personal data or disclosure of records of third-party provision, please check the appropriate item. <input type="checkbox"/> Reply by Email <input type="checkbox"/> Reply in Writing <input type="checkbox"/> Other()

【 Applicant Information 】

【 Applicant Information 】		Date	
Name	() 		
Address	〒		
Phone Number		E-Mail	
Additional Documents to be Submitted	1) Identification document: <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Any other official document that can verify your identity		
	2) Processing Fee (only when requesting notification or disclosure of purpose of use) <input type="checkbox"/> Free Please note, however, that a processing fee will be charged if the content of the request is unusual and/or requires a substantial amount of time and effort for investigation and response.		

【 If an appointed representative is making the request, please fill out the following:】

Name	() ⑪		
Address	〒		
Phone Number		E-Mail	
Additional Documents to be Submitted	<p>1) Documents verifying the representative's identity</p> <p><input type="checkbox"/> Documents verifying the representative's authority to act on behalf of the applicant</p> <p>※In the case of a parent, a copy of the family register or health insurance card</p> <p>※In the case of an adult guardian, a certificate of registration in the guardianship registration file</p> <p><input type="checkbox"/> Power of attorney (with the applicant's official seal) and a copy of the applicant's seal registration.</p>		

	<p>2) Identification document:</p> <p><input type="checkbox"/> Driver's license <input type="checkbox"/> Passport</p> <p><input type="checkbox"/> Any other official document that can verify your identity</p> <p>3) Processing Fee (only when requesting notification or disclosure of purpose of use)</p> <p>※ Please check number 2 in the Applicant Information section above.</p>
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- ※ Within two weeks of receiving your application, we will notify you of the result in writing.
- ※ Please black out any sensitive data such as address, medical notes or information on family members before submitting the relevant documentation.
- ※ Any personal information submitted in this document and application will be used for the sole purpose of responding to your inquiry.