

Personal Information Management
 VanaH Co., Ltd.
 5277 Saijyo, Showa, Nakakoma
 Yamanashi 409-3866

____ / ____ / ____
 Month /Date/ Year

A Written Request for Disclosure of Personal Information

The personal information described in this invoice agrees to use only for identity verification by your company and requests for refusal of notice, disclosure, correction, addition, deletion, use and provision of purpose of use of personal information to be disclosed

- Please inform us the situation when you registered your personal information?
 (That would be included when you requested any material from us, applied for the business, sign up the contract agreement or trading the business and so on.)

Date	____ / ____ / ____ (Month/Date/ Year) Note) Please describe the situation as much as you could.
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- In the case of disclosure including notice of use purpose, please fill in the details of the request.

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- In case of correction including its addition/ deletion, please fill in necessary information

Content of Revision	Before Modification	➡	After Modification

- In case of stop / erase for use, please select from the table below.

•About stopping and erasing for usage	<input type="checkbox"/> Terminate	<input type="checkbox"/> Delete the information
•About rejection of provided the information	<input type="checkbox"/> Reject the provided information	<input type="checkbox"/> Delete the provided information

- Information of Request Person

Person himself/ herself	Name	
	Address	
	Phone	

Representative	Name	
	Address	
	Relationship between Principal and Agent	<input type="checkbox"/> Legal representative <input type="checkbox"/> Delegated agent
	Authorization Letter	<input type="checkbox"/> Submitting sealed registration certificate or Delegated Agency with his or her signature <input type="checkbox"/> In case of legal representative such as parents of minor, please attach any documents which can be identified you. ※Please chose one of the above.
Identification	<input type="checkbox"/> Driver's License <input type="checkbox"/> Copy of Residency Card <input type="checkbox"/> Health Insurance Card ※Please select one of three materials above ※By using the copy of the documents, please delete the area of the place of registry with painting in black marker.	

- Processing fee

Please enclose JPY 500 of postal money order * The fee is required only processing notice or disclose the information