

Personal Information Disclosure Request Form

Request for notification of purpose of use, disclosure, correction, addition or deletion of content, suspension of service, erasure, rest of provision to a third party, or record of condition to a third party.

●Please tell us the circumstances when you registered your personal information (information request, application, contract, transaction, etc.).

Date	/ / (Month/Date/ Year) Note: As much as you know is fine.
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● For disclosure (including notification for purpose of use), please provide the details of your request.

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●For correction (including additions and deletions), please complete the required information.

Correction Details	Before Correction	⇒	After Correction

●If you wish to discontinue use, erase, or discontinue provision to a third party, please select the following options and inform us of the reason for your selection.

<input type="checkbox"/> Suspension of use	<input type="checkbox"/> Delete personal information	<input type="checkbox"/> Cessation of providing personal information to the third party
Reason	(Please indicate why you would like to make the above selection if you do not mind.)	

●If you are requesting disclosure of records provided to a third party, please provide the details of your request.

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●Requester's Information *The personal information you provide will be used only to verify your identity concerning this request.

The Person themselves	Name	
	Address	
	Phone	

Placeholder	Name	
	Address	
	Relationship to the person who requests	<input type="checkbox"/> Legal representative <input type="checkbox"/> Delegated agent
	Authorization Letter	<input type="checkbox"/> Authorization letter signed by the principal and seal registration certificate <input type="checkbox"/> A legal representative such as a person with parental authority, documents showing the relationship with the person in question. (Identification Document:) *Please select one of the above.
Identification Document(s)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Copy of Residence Certificate <input type="checkbox"/> Health Insurance Card *Please provide one of the copy mentioned above. **Please black out domicile of origin.	

●Please select the method of response from the options below. If you do not choose one, we will reply via Post.

<input type="checkbox"/> Email	<input type="checkbox"/> FAX	<input type="checkbox"/> Post
Email:	Fax No:	

●Processing fee

Five hundred Japanese Yen (¥500) should be settled by bank transfer.

* The fee is only required to notify and disclose the purpose of use.