

Request Form for Disclosure, etc. of Retained Personal Data

I would like to make the following request regarding your company's retained personal data.

(Please fill in the form below and circle the appropriate box)

Requestor	1. The person himself/herself 2. Representative (legal representative of a minor, legal representative of an adult ward, or a representative authorized by the principal) *2 For a representative, please circle the appropriate box	
The person himself/herself	Address	〒
	Name	
	Phone Number	
	Email Address	
Representative	Address	〒
	Name	
	Phone Number	
	Email Address	
Details of the request	1. Notification of purpose of use 2. Disclosure 3. Disclosure of records of provision to third parties 4. Correction of contents 5. Addition 6. Deletion 7. Suspension of use 8. Erasure 9. Suspension of provision to third parties	
Personal information requested	Please indicate when and for what purpose personal information was provided to us, to the extent you know	
Reason for the request	Please be specific	

Correcti on or addition of content s	Please fill in the correct information for 4. Correction of contents and 5. Addition to the above details of the request.	
How to Notify	Your preferred manner of notification in response to the above request *Notification will be sent to the address, phone number, and email address provided above.	
	Details of the request For 1 to 3	1. Delivery of written documents 2. Email (with electromagnetic record (PDF data) attached) *If you do not specify, or if it is difficult to provide an electromagnetic record, a written document will be delivered.
	Details of the request For 4 to 9	1. Phone call 2. Email

Required Documents and Fees (Please check the box next to the enclosed items below)

1. Request form	<input type="checkbox"/> Request Form for Disclosure, etc. of Retained Personal Data (this form)
2. Identification of the person himself/herself or a representative	<input type="checkbox"/> A copy of your driver's license <input type="checkbox"/> A copy of a small vessel pilot's license <input type="checkbox"/> A copy of your My Number card (front side only) <input type="checkbox"/> A copy of health insurance card <input type="checkbox"/> A copy of your passport <input type="checkbox"/> A copy of any other identification issued by a public institution
3. Confirmation of Legal Representative Status	<input type="checkbox"/> Documents certifying the representative
4. Confirmation of Authorized Representative's Status	<input type="checkbox"/> Power of Attorney
5. Fees for claims 1 to 3	<input type="checkbox"/> Fixed-sum money order for 800 yen (issued within the last 6 months) *There is no need to fill out both the front and back sides. Please enclose the fixed-sum money order payment slip without detaching it.

*Please note that we may not be able to respond to your request in accordance with the provisions of the Act on the Protection of Personal Information.