

# Request Form for Disclosure, Etc.

To: Personal Information Protection Consultation Desk of  
Taiyo Nippon Sanso Corporation

Date of preparation: \_\_\_\_\_  
(month) (day) (year)

I hereby request disclosure, etc. of retained personal information as follows.

<b>Content of request</b> (Check-mark appropriate item)	<input type="checkbox"/> Notice of purpose of use <input type="checkbox"/> Disclosure <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Suspension of use <input type="checkbox"/> Erasure <input type="checkbox"/> Suspension of provision to third parties <input type="checkbox"/> Disclosure of records of third party provision of personal data	
<b>Requester</b>	<input type="checkbox"/> Data subject <input type="checkbox"/> Agent    (Check-mark appropriate item)	
<b>Matters concerning the data subject</b> (Complete even if request is made by an agent)	<b>In katakana characters</b>	
	<b>Name (printed)</b>	
	<b>Address (with postal code)</b>	
	<b>Birthdate</b>	(month) (day) (year)
	<b>Telephone No.</b>	
	<b>Email address</b>	
<b>Identity confirmation document</b> (Check-mark appropriate item) (An identity confirmation document is required even if request is made by an agent)	<input type="checkbox"/> Copy of driver's license <input type="checkbox"/> Copy of passport <input type="checkbox"/> Copy of health insurance card <input type="checkbox"/> Copy of My Number card ( <u>front side only</u> ) <input type="checkbox"/> Copy of alien registration certificate <input type="checkbox"/> Copy of residence card <input type="checkbox"/> Copy of special permanent resident certificate <input type="checkbox"/> Copy of physical disability certificate <input type="checkbox"/> Resident record (issued within the past three months) <input type="checkbox"/> Transcript or abridged version of family register (issued within the past three months)	
<b>Matters concerning the agent</b>	<b>In katakana characters</b>	
	<b>Name (printed)</b>	
	<b>Address (with postal code)</b>	
	<b>Birthdate</b>	(month) (day) (year)
	<b>Telephone No.</b>	
	<b>Email address</b>	
<b>Identity confirmation document for the agent</b> (Check-mark appropriate item)	<input type="checkbox"/> Copy of driver's license <input type="checkbox"/> Copy of passport <input type="checkbox"/> Copy of health insurance card <input type="checkbox"/> Copy of My Number card ( <u>front side only</u> ) <input type="checkbox"/> Copy of alien registration certificate <input type="checkbox"/> Copy of residence card <input type="checkbox"/> Copy of special permanent resident certificate <input type="checkbox"/> Copy of physical disability certificate <input type="checkbox"/> Resident record (issued within the past three months) <input type="checkbox"/> Transcript or abridged version of family register (issued within the past three months)	
<b>Relationship with the data subject</b>	<input type="checkbox"/> Person entrusted by the data subject <input type="checkbox"/> Legal representative (e.g. person who has parental authority or is guardian of adult) (Check-mark appropriate item)	

