Request Form for Disclosure, Etc.

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

(month) (day) (year)

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

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

Document							
confirming	() Power of attorney (together with a seal registration certificate of the seal affixed to the power of attorney)						
authority of	() Transcript or abridged version of family register (issued within the past three months)						
representation	() Registration certificate of guardian of adult						
(Check-mark appropriate item)							
Matters concerning request (Be as specific as possible. In the case of a correction, addition, or deletion, write the content of the personal information before and after the correction, etc.)	Name of section to which personal						
	information was provided						
	Personal	() Name () A	ddress	() Birthdate	() Telephone No.		
	information	() Email address	() Otl	ners ()		
	Reason for						
	request						

^{*} Please use a ballpoint pen.

* The personal information provided in the Request Form for Disclosure, Etc. and the identity confirmation documents will be used to the extent necessary for carrying out the disclosure, etc.

* Enclose postage stamps or a postal money order equivalent to 1,000 yen (including consumption tax) as the fee for each request.