

Request for Disclosure, etc. of Personal Information

Please fill in the fields below.

In addition, please present one of the following documents to allow us to verify your identity (if you are sending the request by postal mail, please enclose a copy of the document that shows your current address) (if you are not the requester, the evidential copies must cover both you and the requester).

- Driver's license - Passport - Health insurance card - A copy of the document that shows your name and current address

*Before submitting the copy, please make sure to black out your registered domicile information shown thereon, if applicable.

Filled in on: MM DD, YYYY

1. Requester's Information

Phonetic transcription (in <i>katakana</i>)			
Name			Seal
Address	Zip code	Prefecture	City Town/village Building/apartment name
Phone number	() -		
Email			

2. Details of Request

Requested matter	<input type="checkbox"/> Notification of purposes of use <input type="checkbox"/> Disclosure of personal information <input checked="" type="checkbox"/> Disclosure of the record of third-party provision <input type="checkbox"/> Cessation of use <input type="checkbox"/> Other: ()			
When and how the personal information was provided to us	<This field should be filled in with the information as specific as possible as it is necessary for us to investigate personal information held by us>			
How the data subject relates to the requester	<input type="checkbox"/> Same person as the requester <input type="checkbox"/> Anyone other than the requester (in this case, please fill in within the heavy-line frame below) *If a request for disclosure, etc. of your personal information is made by anyone else, such request must be accompanied by your authorization letter and seal registration certificate.			
Data subject	Phonetic transcription (in <i>katakana</i>)			
	Name			
	Address	Zip code	Prefecture	City Town/village Building/apartment name
	Phone number	() -		

3. Preferred Way to be Notified by Us

Notification method	<input type="checkbox"/> In writing <input type="checkbox"/> By email (Address:) <input type="checkbox"/> Other ()
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4. Comment, etc.

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This request form and the identification document submitted to us by a customer will be used for processing the customer's request for disclosure, etc. and verifying the customer's identity. Those documents will not be used for any other purpose.

Identity verification completed

You Representative

Driver's license Passport Other

Authorization Letter

(Attachment to Request for Disclosure, etc. of Personal Information)

<Your Information>

Phonetic transcription (in <i>katakana</i>)	
Name	Seal
Address	Zip code Prefecture City Town/village Building/apartment name
Phone number	() -

I hereby designate the person named below as my representative and authorize that person to request notification of purposes of use, disclosure, correction, addition to or deletion of the content, cessation of use, erasure, or cessation of third-party provision of my personal information.

<Representative's Information>

Phonetic transcription (in <i>katakana</i>)	
Name	Seal
Address	Zip code Prefecture City Town/village Building/apartment name
Phone number	() -