

Request Form for Disclosure, etc

I am request for Disclosure, etc of personal information as below.

Date of filling out		year	month	day
Request details	①	<input type="checkbox"/> disclosure		
	②	<input type="checkbox"/> notice of the purpose of use		
	③ of contents	<input type="checkbox"/> correction	<input type="checkbox"/> addition	<input type="checkbox"/> removal
	④	<input type="checkbox"/> suspension of use	<input type="checkbox"/> deletion	
	⑤	<input type="checkbox"/> suspension of provision to a third party		
Requester		<input type="checkbox"/> principal		<input type="checkbox"/> proxy
P r i n c i p a l	Full Name			
	Address	〒 (-) Contact number(TEL)		
	Mail address			
	Identity verification document(s)	<input type="checkbox"/> Copy of Driver's Licence <input type="checkbox"/> Copy of Passport <input type="checkbox"/> Certified Copy of Resident Register <input type="checkbox"/> Copy of Pension Book and Copy of Public Utility Charge Bills <input type="checkbox"/> Copy of Health Insurance Card and Copy of Public Bills <input type="checkbox"/> Copy of Residency Card		
P r o x y	Full Name			
	Address	〒 (-) Contact number(TEL)		
	Mail address			
	Identity verification document(s)	<input type="checkbox"/> Copy of Driver's Licence <input type="checkbox"/> Copy of Passport <input type="checkbox"/> Certified Copy of Resident Register <input type="checkbox"/> Copy of Pension Book and Copy of Public Utility Charge Bills <input type="checkbox"/> Copy of Health Insurance Card and Copy of Public Bills <input type="checkbox"/> Copy of Residency Card		
	Document to verify the status of proxy	<input type="checkbox"/> An abstract of family register of the principal <input type="checkbox"/> A certificate of registered matters specified in Article 10 of the Act of Guardianship Registration, etc		
contents of personal information about the request (Please list it to be concrete)				
① Method of disclosure		<input type="checkbox"/> E-mail to Requestor's mailing address <input type="checkbox"/> Registered mail to Requester's address (return postage stamp required)		
③ Correction addition removal	Item of the personal information	Contents of personal information before Correction/addition/removal	Contents of personal information after addition/removal	
④ Suspension of use deletion	Reason for the suspension of use/deletion request (Check one)			
	<input type="checkbox"/> Used for other purposes <input type="checkbox"/> Obtained illegally <input type="checkbox"/> Used illegally <input type="checkbox"/> Leakage suspected <input type="checkbox"/> No more need to use <input type="checkbox"/> Risk of infringement of rights/profits <input type="checkbox"/> Special care-required personal information being acquired without consent The reason of the judgment or fact			
⑤ Suspension of provision to third parties	Reason for requesting discontinuance of provision to third parties (Check one)			
	<input type="checkbox"/> Provided without consent <input type="checkbox"/> No more need to use <input type="checkbox"/> Leakage suspected <input type="checkbox"/> Risk of infringement of rights/profits The reason of the judgment or fact			

- Please fill all in the applicable item in the frame of the bold line. When there is an omission of applicable item, I refuse request.
- Please fill all it out with a black ball-point pen.
- If you wish to have information disclosed by mail, it will be sent by registered mail to prevent leakage. Please enclose 624 yen in return stamps.
- Documents confirming the identity of the requestor, the proxy, and the authority of representation will be discarded after the request has been processed.
- We may call you to confirm your request or to give you necessary notice.