Request Form for Disclosure of Personal Information

I hereby submit a request for the following with regard to my personal information retained by the Company.

Name:		ime:	[seal]
Phone number:			
Date of birth:			
Note: Date of birth is unnecessary for a request for disclosure.			sure.
◆ Request in relation to personal information (Please circle one of the items in the right box that applies to		 Disclosure of personal information Disclosure of a record of provision to a thi Correction 	rd party
your request.)		4. Suspension of use	
		5. Other ()
◆Situation where my personal information has been furnished (Example: Information was provided upon participation in ** seminar.)			
◆ Please choose and circle a means of		1. Phone: 2. Postal mail:	
communication in the right box desired for receiving a result, and fill in the		3. Email:	
•		4. Fax:	
contact information applicable.		Note: In the case of disclosure, we will send you a	do ou mont on
		CD-ROM by post, and in the case of a correction, we will	
		document by post, and in the case of a correction, we will	send you the
◆ Items to be corrected			
□ Address	,		
After the change			
☐ Phone number <before change<="" td="" the=""><td>*></td><th><after change="" the=""></after></th><td></td></before>	*>	<after change="" the=""></after>	
☐ Fax number <before change<="" td="" the=""><td>2></td><th><after change="" the=""></after></th><td></td></before>	2>	<after change="" the=""></after>	
□ E-mail <before change<="" td="" the=""><td>2></td><th><after change="" the=""></after></th><td></td></before>	2 >	<after change="" the=""></after>	
□ Other			