

Request for Disclosure of Retained Personal Data

DATE: \_\_\_\_\_

To Personal Information Protection Consultation Contact

General Affairs and Legal Department, Kurimoto, Ltd.

1 Requester (please fill in a check mark on the appropriate)

<input type="checkbox"/> Principal <input type="checkbox"/> Legal Representative of a minor <input type="checkbox"/> Legal Representative of an adult ward <input type="checkbox"/> Agent delegated by the principal	Address
	Name

If the requester is an agent and/or representative, please enter the name and address of the individual.

Address
Name

2 Matters concerning a request for disclosure and the like of Retained Personal Data

Purpose of request (Please fill in a check mark on the corresponding (or more))	<input type="checkbox"/> Notification of purpose of use of Retained Personal Data <input type="checkbox"/> Disclosure of Retained Personal Data <input type="checkbox"/> Correction, addition or deletion of Retained Personal Data <input type="checkbox"/> Suspension of use and deletion of Retained Personal Data <input type="checkbox"/> Suspension of provision of Retained Personal Data to a third party
Name, contents and other matters to identify the Retained Personal Data subject to the request	
Form of notification of decision	The Company will notify you in the "Notice of decision on disclosure of Retained Personal Data" or "Notice of decision on non-disclosure of Retained Personal Data".

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(For Company Use) (Do not enter the requester)

Identification documents of the individual(*)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Personal Number Card <input type="checkbox"/> Residence Card <input type="checkbox"/> Special Permanent Resident Certificate <input type="checkbox"/> Pension Handbook <input type="checkbox"/> Health Insurance-Insured Person's Certificate <input type="checkbox"/> others
Identification documents of the agent/representative(*)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Personal Number Card <input type="checkbox"/> Residence Card <input type="checkbox"/> Special Permanent Resident Certificate <input type="checkbox"/> Pension Handbook <input type="checkbox"/> Health Insurance-Insured Person's Certificate <input type="checkbox"/> others
Confirmation documents of authority of representation	<input type="checkbox"/> Power of Attorney and Seal Registration Certificate <input type="checkbox"/> Family Register Description <input type="checkbox"/> Health Insurance-Insured Person's Certificate with dependent <input type="checkbox"/> Certificate of Registered Information <input type="checkbox"/> others
Person in charge	
Remarks	

(\*) Check two documents for those without facial photos