

Request Form for Disclosure, Correction, and Deletion of Personal Information

Pursuant to the Act on the Protection of Personal Information, with respect to the following “personal data held”, which your company handles regarding myself, I request notice of purpose of use, disclosure, correction, addition, or deletion of contents, discontinuation of usage, erasure, or discontinuation of provision to third parties.

【Sections to be filled in by the customer】

Date of request:	Month	Day	Year
Name	Seal/signature		
	Is it your own personal information? <input type="checkbox"/> Yes <input type="checkbox"/> No (Refer to the notes below)		
When a request for disclosure, etc. is made by a representative delegated by yourself, we confirm your representative's identity based on a power of attorney with your seal, a seal certificate, and documents to confirm the representative's identity, and when a request for disclosure, etc. is made by your legal representative, we confirm your representative's identity based on documents that certifies your relationship with the legal representative.			
Address			
Email address	@		
Contact telephone number			
Request details	Request category	<input type="checkbox"/> Notification of purpose of usage <input type="checkbox"/> Disclosure <input type="checkbox"/> Correction of details <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Discontinuation of usage <input type="checkbox"/> Erasure <input type="checkbox"/> Discontinuation of provision to third parties	
	For corrections or additions, the information to be corrected or added	Please make the correction (or addition) as follows.	
		Before correction:	
	After correction (or addition):		

【弊社処理欄】 ※Staff Use Only

受 付				実 施							
日付	西暦	年	月	日	担当	日付	西暦	年	月	日	担当
本人確認資料 (2点)						対処内容及びお客様連絡事項					
<input type="checkbox"/> 免許証 <input type="checkbox"/> 健康保険証等 <input type="checkbox"/> 住民票 <input type="checkbox"/> 旅券											
個人情報 管理責任者		実 施 部門長		実 施 担当者		受 付 担当者					