



2. Identity Verification Method (Please check (✓) the box of your selected method of verification)

(1) Identity verification document of the requester or representative (A copy of one of the following)

<input type="checkbox"/> Driver's License <input type="checkbox"/> Health Insurance Card <input type="checkbox"/> Passport <input type="checkbox"/> My Number Card <input type="checkbox"/> Basic Resident Registration Card <input type="checkbox"/> Alien Registration Certificate (Residence Card, Special Permanent Resident Certificate)
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(2) Power of attorney confirmation document (Only fill in this section if a representative is making the request)

<p>A. Legal representatives (A copy of one of the following)</p> <input type="checkbox"/> Family Register <input type="checkbox"/> Abstract of Family Register <input type="checkbox"/> Certificate of Registered Information for Adults Under Guardianship <input type="checkbox"/> Other ( ) <p>B. Voluntary representatives (Both of the following)</p> <input type="checkbox"/> Letter of attorney (Affixed with the authorizing person's signature and seal) <input type="checkbox"/> The authorizing person's seal affixed to the letter of attorney, along with a registration certificate containing the seal's imprint <p>C. Attorneys, judicial scriveners, administrative scriveners, or others qualified to serve as a representative</p> <input type="checkbox"/> Document(s) verifying such qualification (Registration number, seal registration certificate of an official seal)
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3. Request Details

Request Type	<p>*Please check (✓) the applicable boxes.</p> <input type="checkbox"/> Suspension of use <input type="checkbox"/> Deletion <input type="checkbox"/> Suspension of provision to third parties
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Reason for Request	<p>*Please check (✓) the applicable boxes.</p> <p>[Common]</p> <p><input type="checkbox"/> No longer have a need to use the retained personal data.</p> <p><input type="checkbox"/> An event involving leakage, loss, damage, or other circumstances related to the security of personal data, such as an accident, has occurred and that may potentially impair the rights and interests of the individual requestor.</p> <p><input type="checkbox"/> Other circumstances where the rights or legitimate interests of the requestor may be impaired by the handling of retained personal data.</p> <p>[For Suspension of Use or Deletion]</p> <p><input type="checkbox"/> The company is handling personal information beyond the scope necessary to achieve the purpose(s) outlined by the company. (Describe in detail: _____ )</p> <p><input type="checkbox"/> The company obtained personal information through deception or other unjust means. (Describe in detail: _____ )</p> <p><input type="checkbox"/> The company obtained Special Care-Required Personal Information in violation of laws and regulations. (Describe in detail: _____ )</p> <p>[For the Suspension of Provision to Third Parties]</p> <p><input type="checkbox"/> Without prior consent, the company provided personal data to third parties in:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Japan</p> <p style="padding-left: 40px;"><input type="checkbox"/> A foreign country (*Please check (✓) one)</p> <p>(Describe in detail: _____ )</p>
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4. Preferred Means of Response (\*Please check (✓) the applicable boxes.)

<p><input type="checkbox"/> Paper document (<input type="checkbox"/> Mail <input type="checkbox"/> Other [ _____ ])</p> <p><input type="checkbox"/> Electronic record (<input type="checkbox"/> Email <input type="checkbox"/> Other [ _____ ])</p>
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Other ( \_\_\_\_\_ )

\*Please indicate specifically your preferred method of response.

5. Please state your relationship to the requestor and the necessity of the request when making a request, such as disclosure of a deceased person's retained personal data.

(Only fill in this section when making a retained data disclosure request of a deceased person.)

\*Please submit one of the following documentations clearly stating your relationship to the deceased individual.

Family Register  Abstract of Family Register

Other [ \_\_\_\_\_ ])

\*Please understand that in some cases, you may be asked to submit documentation evidencing the necessity of your retained data disclosure request of a deceased individual.