

Request for Retained Personal Data Disclosure, etc.

Date: / /

1. Applicant [please check applicable boxes]

<input type="checkbox"/> Subject <input type="checkbox"/> Legal representative of minor <input type="checkbox"/> Legal representative of adult ward <input type="checkbox"/> Agent authorized by the subject	Address
Name	

State the name and address of the subject as well in the case of applicant being an agent

Address	
Name	

2. Matters related to request for retained personal data disclosure, etc.

Purpose of request [Check the applicable box] (multiple choices are acceptable)	<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, deletion of retained personal data <input type="checkbox"/> Suspension of use and erasure of retained personal data <input type="checkbox"/> Suspension of provision to third parties of retained personal data
Name and content of retained personal data subject to request, and other matters sufficient to identify the retained personal data pertaining to the request	
Means of communicating decision	We will notify the applicant via Retained Personal Data Disclosure, etc. Decision Notification or Retained Personal Data Non-Disclosure, etc. Decision Notification

For internal use [Do not fill out this part]

Identification documents for the subject*	<input type="checkbox"/> Driver’s license <input type="checkbox"/> Passport <input type="checkbox"/> Individual Number Card <input type="checkbox"/> Residency Card <input type="checkbox"/> Special Permanent Resident Certificate <input type="checkbox"/> Health insurance insured certificate <input type="checkbox"/> Pension book <input type="checkbox"/> Other ()
Identification documents of agent if the request is made by an agent*	<input type="checkbox"/> Driver’s license <input type="checkbox"/> Passport <input type="checkbox"/> Individual Number Card <input type="checkbox"/> Residency Card <input type="checkbox"/> Special Permanent Resident Certificate <input type="checkbox"/> Health insurance insured certificate <input type="checkbox"/> Pension book <input type="checkbox"/> Other ()
Documents for confirmation of power of representation	<input type="checkbox"/> Letter of proxy & Seal impression certificate <input type="checkbox"/> Abstract of family register <input type="checkbox"/> Insurance card with entries of dependents <input type="checkbox"/> Certificate of registered items <input type="checkbox"/> Other ()
Person in charge	(Extension)
Remarks	

* Two documents must be checked if there are no photos attached.