

Personal Information Disclosure Request Form

YY MM DD

Applicant (the individual)	Applicant's Name
	Applicant's Address
Proxy	Proxy's Name
	Proxy's Address
Contact Info. (*If you would prefer we contact your proxy, enter the proxy's contact information)	Contact (circle one of the following) 1. the individual 2. POA Proxy 3. Legal Rep.
	Phone No.
	FAX No.
	E-mail
Item(s) Requested (*circle applicable number(s))	1. notification about usage 2. disclosure 3. correction, addition, deletion 4. halt usage, removal 5. suspend supplying to third parties
Request Details (*please be specific)	
Reason for the Request (*circle applicable number(s))	1. there is incorrect personal data 2. personal data was used in a way other than its intended use 3. personal data was acquired without authorization 4. personal data was provided to a third party without consent 5. other ( )
Detailed Reason(s) (*please be specific)	

[When applying, please be aware of the following.]

1. Please attach a copy of personal identification document(s) (health insurance certificate, drivers license, etc.).
2. For a request made by a proxy, please attach a copy of 1) the proxy's personal identification, 2) their power of attorney document (with their registered seal on it), and personal seal registration certificate.
3. Personal information entered on this form will be used within boundaries necessary to make the disclosure.
4. For a notification about usage or a disclosure request, please enclose the fixed ¥1,000 handling fee.