

To Contact Point for Inquiries regarding Personal Information
Ataway Japan K.K.
8F Hibiya Marine Building
1-5-1, Yurakucho, Chiyoda-ku, Tokyo 100-0006

Form for Request for Disclosure, etc. of Personal Information

With respect to the personal information subject to disclosure, I hereby request notification of the purpose of use, disclosure, or correction/addition/deletion, or refuse its use or provision, and I consent to your use of the personal information provided in this request form solely for confirmation of my identity.

● Please describe the circumstances (request for information documents, application, contract or transaction) when you registered your personal information.

Time of registration	mm dd, yyyy *To the best of your knowledge

● If you are requesting disclosure (including notification of purpose of use), please describe the details of your request.

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● If you are requesting correction (including addition/deletion), please fill in the required columns.

Information to be corrected	Before correction	⇒	After correction

● If you are requesting suspension of use, erasure or suspension of provision to third party, please check the relevant item.

<input type="checkbox"/> Suspension of use	<input type="checkbox"/> Erasure of information	<input type="checkbox"/> Suspension of provision to third party
Reason	(If you do not mind, please let us know the reason of the request.)	

● Information of the requesting person

Principal	In kana	
	Name	
	Address	
	Phone number	
Agent	In kana	
	Name	
	Address	
	Relationship with the principal	<input type="checkbox"/> Statutory agent <input type="checkbox"/> Delegated agent
	Power of attorney	<input type="checkbox"/> Power of attorney bearing the principal's hand-written name and a seal registration certificate <input type="checkbox"/> If the agent is a statutory agent such as person who has parental authority, document that shows the relationship between the agent and the principal () <small>* Either of the above documents.</small>
Identification document	<input type="checkbox"/> Driver's license <input type="checkbox"/> Certified copy of resident certificate <input type="checkbox"/> Health insurance card <small>* Any one of the above documents. * If you submit a certified copy of the resident certificate, please make sure to black out the permanent domicile.</small>	

● Fee
Please enclose a postal money order for the amount of 500 yen with this request form.
* Only required for notification of purpose of use or disclosure.