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 Purpose of use of personal data in possession, 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.

	ribe the circu ur personal inf		est for infor	mation docume	nts, applicatio	n, contract ortransaction) when you	
Time		mm dd, yyyy %To the best of your knowledge, please.					
	equesting disc			-		describe the details of your request.	
●If you are re	equesting corr	ection (includir	ng addition/c	leletion), pleas	e fill in the req	uired columns	
Informationt	В	efore correctio	n			After correction	
o becorrected	ted						
●If you are re	equesting susp	pension of use,	erasure or s	– uspension of p	rovision to thir	d party, please check the relevant item.	
	suspension of	use	□Er	asure of inform	nation	□Suspension of provisionto third party	
Reason	(If you do not mind, please let us know the reason of the request)						
●In the case	of disclosure	of third-party re	ecords, pleas	se fill in the de [.]	ails of the req	uest.	
●Requester's	information.	%The personal	information	you provide wi	l only be used	to verify your identity in relation to this	
he person himself/hers elf	In Kana						
	Name						
	Address Phonenumbe						
	r						
	Transformation	<u> </u>					
Agent	In Kana Name						
	Address						
	The relationship between the person	□Statutory agent □Delegated agent					
	p 0.00	□Power of attorney bearing the principal's hand-written name and a seal registration certificate					
	Power of attorney	□If the agent is a statutory agent such as person who has parental authority, document that shows therelationship between the agent and the principal(
		XEither of the above documents.					
	Identificatio ndocument	□Driver's license □Certified copy of resident certificate □Health insurance card					
		*Either of the above documents. *Please prepare a copy with the domicile marked in black.					
●Please sele	ct your method	d of response fi	rom the optic	ons below. If th	ere is no choic	ce, we will reply in writing.	

Commission fees.

mail:

□Mail

Payment will be 500 yen by bank transfer.

**Only in cases involving notification and disclosure of purpose of use.

番号:

 $\Box \mathsf{FAX}$

□Sending by post