

## Application form for the disclosure of personal information

To:

Application date:          YYYY/          MM/          DD

I am requesting the following about my personal information. (Please complete all areas inside the bolded lines.)

Name			
Address	〒		
Tel. No.	-      -	e-mail	
Address	〒		
Applicants Relationship to the Person in This Application	<input type="checkbox"/> Self (Own personal information) <input type="checkbox"/> Agent (Note: Separate power of attorney form is necessary.)		
Reason for Application	(Please note that there will be a charge for providing notification of the purpose of use and disclosure.) <input type="checkbox"/> Notification of purpose of use <input type="checkbox"/> Disclosure <input type="checkbox"/> Correction of content <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Suspension of use <input type="checkbox"/> Elimination <input type="checkbox"/> Suspension of provision to a third party <input type="checkbox"/> Other		
Application Method	<input type="checkbox"/> Data <input type="checkbox"/> Document		
Details Concerning the Application	(Please specifically describe the disclosure item, correction, addition, deletion items and the person/party where this form will be delivered.)		
Documents Confirming Identity	The following documents have been enclosed (1 copy) as a copy for verifying the identity of the person on this application. <input type="checkbox"/> Driver's license <input type="checkbox"/> Health insurance card/document <input type="checkbox"/> Pension book <input type="checkbox"/> Passport <input type="checkbox"/> Other (                                      )  If your identity cannot be verified, please note that we cannot respond to your request.		

Reference: Correction, addition, deletion refers to personal information category items, erasure refers to personal information.

For office use

Receipt/Approval	Manager in Charge		Date Received	YYYY/      MM/      DD
	Approver		State of Document Verification	
Response Details	<input type="checkbox"/> Response as per the separate sheet <input type="checkbox"/> Completed (Date completed:      YYYY/      MM/      DD) <input type="checkbox"/> We cannot respond to your request due to the following reasons. <input type="checkbox"/> There is a discrepancy with your application/documents. (Reasons:                                      ) <input type="checkbox"/> Not personal information that is applicable for disclosure. <input type="checkbox"/> There is a concern regarding danger to self or a third party pertaining to their life, bodily harm, property and/or other rights. <input type="checkbox"/> There is a danger of seriously hindering the proper functioning of our business. <input type="checkbox"/> Violation of laws/regulations (Name of law statute:                                      ) <input type="checkbox"/> Other (                                      )			
Date of Response:  YYYY/      MM/      DD				