

Dear GLASEL co.,LTD
Office for Consultation on Personal Information

Date of Application : / /

Application for Personal Information Disclosure, etc.

Regarding my personal information or the personal information of the person in question, I hereby make the following requests including disclosure (notice of the purpose of utilization; disclosure; correction, addition, or deletion of content; discontinuance of utilization; erasure; and discontinuance of utilization by any third party).

Party	Name	Seal	Phone
	Add		Email
Proxy	Name	Seal	Phone
	Add		Email

【Contents of Request】

<input type="checkbox"/> Notice of the purpose of utilization		
<input type="checkbox"/> Disclosure	Date items to disclose <input type="checkbox"/> Add <input type="checkbox"/> Name <input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Date of Birth <input type="checkbox"/> Others ()	
<input type="checkbox"/> Correction	Correction item	old new
<input type="checkbox"/> Addition	Contents of addition	
<input type="checkbox"/> Deletion	Contents of deletion	
<input type="checkbox"/> Discontinuance of utilization <input type="checkbox"/> Removal		
<input type="checkbox"/> Non-provision		

【Reason for Request】

Check the reason for request	<input type="checkbox"/> <i>The content of the personal information is incorrect and untrue.</i>
	<input type="checkbox"/> The information is handled beyond the scope necessary to achieve the purpose of use without the consent of the individual.
Identity verification documents	<input type="checkbox"/> The information has been obtained by mistake or other wrongful means.
	<input type="checkbox"/> The information is provided to a third party without the consent of the individual.
	<input type="checkbox"/> Others ()
	<input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Copy of family register <input type="checkbox"/> Health insurance card <input type="checkbox"/> National pension booklet
	<input type="checkbox"/> Other public certificates that can be identified. ()

- 1) Please fill out the required information on this request sheet and send it to us by registered mail together with a document that proves your identity.
- 2) If you are requesting notification of the purpose of use or disclosure of your personal information, please enclose stamps to the value of 880 yen per application.
- 3) Even if you use a proxy to submit your application for notification of the purpose of use or disclosure of your personal information, we will send the notification and information to you, not your proxy.
- 4) We will use the personal information given in this request sheet solely for the purpose of processing your requests. We will retain the documents submitted by you for two years after we respond to your requests including disclosure, and will then dispose of the documents.
- 5) If you are using a document containing your permanent legal address to verify your identity, black out the address before sending it.

【Office use only】

Reception Date	PIC	Identity Verification	personal information for disclosure	Office for consultation representative	CPO