**Personal Information Request Form**

Date of Application: mm/dd/yyyy

Please describe your request by filling in the following fields.

|  |  |  |
| --- | --- | --- |
| Requester Information (\* indicates a required field) | | |
| \* Name: | | \* □Male / □Female |
| \* Address: | | |
| \* Phone number:　　　　　　　　　　　（　　　　　　　　　　　） | | |
| Email address　　　　　　　　　　　　＠ | | |
| If request is made by an agent | | |
| Agent name: | | |
| Document identifying the agent: □Power of attorney / □Other | | |
| \* Request | | |
| □Notice of the purpose of use of  personal information  　□Correction of personal information  　□Deletion of personal information  　□Erasure of personal information  □Disclosure of personal information | □Addition to personal information  □Suspension of use of personal information  □Suspension of provision of personal information to third parties  □Disclosure of records of personal information provision to third parties | |
| \* Personal information associated with the request | | |
| Note 1: Please describe in as much detail as possible the occasion, date and the like when you registered your personal information with us.  Note 2: If the personal information has been already deleted, we cannot comply with the request. | | |
| \* Preferred response method | | |
| □Email (electromagnetic record)　　□Mail (paper) | | |
| Internal use only | | |
| 【Other/Reason】  Date of receipt:  Identity verification method: □ Driver’s license　□ Health insurance card　□ Passport　□ Residence card  Date of verification:  Date of response to the request:  Responder:  Request control number: | | |