

PF-133 Request Form for Disclosure of Retained Personal Data

1. Requester Information

Name of requester (person to whom request pertains)
Address
Contact details (phone number or email address)

Name of representative (to be completed if the request is made by a representative)
Address
Contact details (phone number or email address)

2. Details of Request

Type of request (insert ✓ in <input type="checkbox"/> for all that apply) <input type="checkbox"/> Correction <input type="checkbox"/> Supplementation <input type="checkbox"/> Deletion <input type="checkbox"/> Cessation of use <input type="checkbox"/> Removal <input type="checkbox"/> Cessation of provision to third party <input type="checkbox"/> Notification of purpose of use <input type="checkbox"/> Disclosure <input type="checkbox"/> Disclosure of records of provision to a third party (Please provide as much detail as possible)
For correction or supplementation, please record the specific text Before correction (supplementation): After correction (supplementation):
For deletion, cessation of use, removal or cessation of provision to a third party, please record the specific text
Personal data items for which disclosure requested (check all that apply) <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Date of birth <input type="checkbox"/> Phone number <input type="checkbox"/> Email address <input type="checkbox"/> Other (Please specify in detail)
For disclosure request, desired method of transmission (insert ✓ in relevant <input type="checkbox"/>) <input type="checkbox"/> In writing (delivered by mail) <input type="checkbox"/> As an electronic record Email address:

【The following is for company use】

Date received (yyyy/mm/dd)	/	/	/	
Requester identification	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Insufficient		
Representative identification	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Insufficient		
Fee confirmation	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Not confirmed	<input type="checkbox"/> Not required	
Date reply sent (yyyy/mm/dd)	/	/	/	

Control number:		
received	reply	administrator

Please note the following:

1. We may not be able to respond to your request for legal reasons.
2. If you are making the request on your own behalf, you must provide documentation to identify yourself. If you are making the request as a representative of another person, you must provide documentation to identify yourself as well as documentation to identify the person on whose behalf you are making the request. Please see Item 8 (Requests for Disclosure of Personal Information) in the Company's Privacy Policy.
3. When requesting "notification of purpose of using retained personal data," "disclosure of retained personal data" or "disclosure of records of provision to a third party," the fee is ¥1,500 for each application. Please enclose a ¥1,500 postal money order with your request. If you are submitting multiple requests in the same envelope, please include a sufficient amount to cover the combined fee for all requests.
4. Personal information acquired by the Company through this request will only be used to confirm the identity of the individual concerned or that person's representative and only to the extent necessary to respond to the
5. We will not return any documents supplied by you. Once the process of replying has been completed, the Company