Date

To Idemitsu Unitech CO., LTD.

Application Form for Retained Personal Data or Record of Provision to a Third Party

　Subject to Articles 32, 33, 34 or 35 of Act on the Protection of Personal Information, we hereby make the following request.

* + 1. Claimant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Principal | Reading |  | Telephone Number |  |
| Name |  | E-mail address |  |
| Current address | 〒 |
| Document for identification of the applicant | □ Driver's License □ Health Insurance Insured Certificate □ Passport □ My Number Card□ Pension Handbook □ Special Permanent Resident Certificate |
| Agent(Only in the case of a claim from an agent) | Reading |  | Telephone Number |  |
| Name |  | E-mail address |  |
| Current address | 〒 |
| Document for identification of the applicant(Including proxies) | □ Driver's License □ Health Insurance Insured Certificate □ Passport □ My Number Card□ Pension Handbook □ Special Permanent Resident Certificate |
| Relationship with Individual Concerned | □ Proxy delegated by the principal □ Guardian of Adult □ Person with parental authority□ Other () |
| Document confirming the authority of representation | □ Power of attorney □ Certificate of registered items □ Extract from the family register describing the relationship between the principal and the proxy□ Other () |

* + 1. Billing details

|  |  |
| --- | --- |
| Claim contents (multiple selections are allowed) | □ The following requests for retained personal data (multiple selections are allowed)□ Notice of Purpose of Use □ Disclosure □ Correction □ Addition □ Deleted　　□ Shutdown of Use □ Erase □ Suspension of provision to a third party |
| □ Disclosure of Third Party Provide Record |
| Services, etc. that provide the Personal Information subject to request (multiple selections are allowed) | □ Customer Service Center, □ Hiring and Internship □ Tour□ Other ()　※Enter the name of the service or campaign to be invoiced as specifically as possible in order to identify the target. |
| Item(s) of personal information to be billed (selectable) | □ Name □ Date of birth □ Address □ Telephone number □ Mail address□ Others※In order to identify the subject of the request, please indicate the subject personal information as specifically as possible. |
| Claim details | ※It is acceptable to duplicate the contents of the above selection. Please enter the contents of the request as specifically as possible. With regard to claims for correction of retained personal data, please provide the corrected information accurately. |
| Reasons for Claim |  |
| Desired response method | ※Only in the event of a claim for disclosure of retained personal data or a request for disclosure of a record of providing personal information to a third party, the response method may be specified.　 In the event of any other claim, we will reply to you in the manner prescribed by We.□ Written answer to the current address of the principal stated above ●Written reply to the current address of the proxy stated above□ Send response to the above e-mail address: □ Send response to the above e-mail address of proxy□ Can be any |

※Please refer to We Privacy Policy for further information on the purpose of use and billing procedures for the Personal Information contained in this application form.