

〒160-0004  
 2-1-1 Yotsuya, Shinjuku-ku, Tokyo  
 SK Yotsuya Bldg. 3F  
 MKDF, Inc.  
 Personal Information Inquiry Desk

## Personal Information Disclosure Request Form

Request for notification of purpose of use, disclosure, correction, addition or deletion of contents, suspension of use, elimination and suspension of provision to a third party, and record of provision to a third party of retained personal data.

Please tell us the circumstances when you registered your personal information (information request, application, contract, transaction, etc.).

Date	
*Please give us as much information as you know.	

If you are requesting disclosure (including notification of purpose of use), please provide the details of your request.

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● Fill in the required information for corrections (including additions and deletions).

Description of correction	Before correction	⇒	After correction

● Please select from the following options if you wish to discontinue use, erase, or discontinue provision to a third party.

<input type="checkbox"/> Suspension of Use	<input type="checkbox"/> Erasure of information	<input type="checkbox"/> Cessation of provision of information to third parties
reason	(If you don't mind, please indicate why you would like to do the above.)	

● If you are requesting disclosure of records provided to a third party, please provide the details of your request.

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● Personal information provided will only be used to verify the identity of the person making this request.

the person himself	Name	
	Address	
	Phone number	

Dear agent	Name		
	Address		
	Relationship with the person in question	<input type="checkbox"/> Legal representative	<input type="checkbox"/> Authorized representative
	power of attorney	<input type="checkbox"/> A letter of attorney signed by the principal and a certificate of seal registration	
		<input type="checkbox"/> In the case of a legal representative such as a person with parental authority, a document that shows the relationship with the person in question (                      )	
Identification documents	*One of the above		
	<input type="checkbox"/> Driver's license <input type="checkbox"/> Copy of certificate of residence <input type="checkbox"/> Health Insurance Card *One of the above *Please prepare a copy with your permanent address filled in.		

● Please select a method of response from the options below. If you do not select one, we will reply in writing.

<input type="checkbox"/> E-Mail	<input type="checkbox"/> FAX	<input type="checkbox"/> Mailing
e-amil:	fax:	

About fee

Fee is 500 yen, bank transfer only. \*Only for cases involving notification and disclosure of purpose of use