**Centrair Group Release of Personal Information Request Form**

Request Date:

To: Chubu International Airport

In accordance with the provisions of paragraph 2 of Article 27 (Notification of Purpose of Use) and Article 28 (Disclosure) of the Act on the Protection of Personal Information, I hereby request the release of personal data in your possession and notification of the purpose of its use.

|  |  |  |  |
| --- | --- | --- | --- |
| **I－Release of Information Requested for the Following Person:**  Fields marked with \* are required. Please fill out completely. | | | |
| **Full Name\*** |  | **Date of Birth\*** |  |
| **Address\*** | 〒 － | | Nationality: |
| **Phone\*** | － － | \*You may receive a phone call to confirm your identity. Please use a phone number you can be reached at during the daytime. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **II－Identification** | | | |
| **Applicant** | □Self | □Proxy | |
| **Method of Confirmation of Identity\*** | **Please enclose 2 of the following types of documentation.**  1. Certificate of Residence 2. Driver’s License 3. Passport 4. Health Insurance Card (number masked) 5. Basic Resident Register Card with photo 6. Pension Book 7. Physical Disability Certificate 8. Residence Card or Special Permanent Resident Certificate 9. Seal Registration Certificate 10. My Number Card (front only) | | |
| **Fill out the following section only if applying as a proxy.** | | | |
| **Full Name\*** |  | **Date of Birth\*** |  |
| **Address\*** | 〒 － |  | |
| **Phone\*** | － － | \*You may receive a phone call to confirm your identity. Please use a phone number you can be reached at during the daytime. | |
| **Documents required for proxy application\***  (Please submit any of the following documents.) | **Relationship to Person in Section I** | **Document Proving Relationship** | |
| 1. Legal guardian | Official copy of family register | |
| 2. Adult ward | Adult Guardian Registration Certificate | |
| 3. Appointed proxy ( 　　　 　　） | Power of attorney identifying a proxy | |

**III－Details of Release Request**

Please select the details of the release request from the list below and fill out all fields necessary for the release request. If none of the following apply, please fill out “4. Other”.

1. **Reservation or Purchase Information**

|  |  |
| --- | --- |
| Reservation Website or System Used | Member Number/Login ID  (Leave blank if unknown) |
| ☐Centrair online shop  ☐Centrair duty-free shop reservation website  □Centrair hall, rental meeting rooms, special waiting rooms internet reservation  □Parking reservation website  □Other（　　　　　　　　　　　　　　　　　　　　　　） |  |
| Specified Period (optional) |
|  |

1. **Event-related Information**

|  |  |
| --- | --- |
| Name of Event, Campaign, or Project Participated In | Date of Participation: |
|  | Participation:□Attended　　□Online  □Other（　　　　　　　　　） |

1. **Airport Entry Application Information**

Enter the **information at the time of application.** If the information does not match, its release may not be possible.

|  |  |  |
| --- | --- | --- |
| Full Name |  | Specified Period (optional) |
| Company/Group |  |  |

1. **Other** (Fill out if the above release request details do not apply)

|  |
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|  |

1. **Release of Provision to Third Party**

|  |  |  |
| --- | --- | --- |
| Do you wish to release whether the information has been provided to a third party and the record of such provision? | □　Yes | □　No |

**IV－Method of Release**

|  |  |  |
| --- | --- | --- |
| Select the method of release. If unspecified, a paper copy will be sent to the applicant. | | |
| □Paper copy | □Electromagnetic copy | □Other（　　　　　　　　　　　） |

The release request form will only be used within the scope necessary to process the release request. Any documentation provided will not be returned; it will be saved for 1 month following the reply to the release request and then destroyed.

**For Centrair Group Use**

Below is the response to the above application:

|  |  |
| --- | --- |
| **Response**  (Mark all that apply with ☑) | **□The response to the request is specified in a separate document** |
| **□The request cannot be accommodated for the following reason(s)** |
| * 1. The application was incomplete   2. The information could not be confirmed   3. The target of release did not match stored data   4. It may cause significant detriment to our company’s operations   5. It will violate other laws   6. It may infringe on the person’s or a third party’s life, physical safety, assets, or other rights and interests |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Receipt |  | Manager Confirmation |  |