**Centrair Group Personal Information Request**

Requesting date:

Based on the provisions of Article 29 (Corrections, etc.) and Article 30 (Suspension of Use, etc.) of the Act on the Protection of Personal Information, I am hereby making the following request.

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| **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. | |

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| **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－Request content**

Please circle the number next to the type of request and fill in the details.

**Please note that we may not be able to provide appropriate services to meet your request, should information have been deleted or its use terminated. We thank you in advance for your understanding of this fact as you submit your request.**

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| **Type of request** | **Reason**  *\*When requesting a correction of information, please enter the corrected information.* |
| 1. Correction of information 2. Addition of information 3. Deletion of information 4. Termination of use of information 5. Termination of provision to third parties 6. Erasure of information 7. Other |  |

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| **■Handling of disclosure requests** |
| Documents obtained as part of all types of written requests shall be handled only to the extent necessary to meet each request. In addition, the documents provided will not be returned. Once a request has been met, the associated documents will be destroyed after 1 month of storage. |

**For Centrair Group Use**

Below is the response to the above application:

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| **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 |  |