

Date:

Request form to personal information disclosure (and other)

Please make requests for disclosure and others agreeing with the following purpose of use of personal information.

Business Entity: Tricor KK / **Personal Information Protection Manager** (for): PMS Office, Oak Minami Azabu Bldg. 2F, 19-23 Minami Azabu 3-chome, Minato-ku, Tokyo, 106-0047 / **Purpose of Use:** Respond to requests for disclosure and others of personal information / **Provision to the third party/Entrustment:** N/A / **Disclosure or nondisclosure:** Subject to disclosure / **Contact for request:** Complaints and Consultations Office (same as above) / **Voluntariness of the person's provision of personal information:** In the case where the person did not fill out the necessary information, it is possible that we cannot respond to all of your requests / **Acquisition method:** Acquire with this request

Your Request	<input type="checkbox"/> Notification of the purpose of use <input type="checkbox"/> Disclosure <input type="checkbox"/> Correction and others (Correction, Addition, Deletion) <input type="checkbox"/> Stopping use and others (Stopping use, Stopping provision to the third party)	
Relation	<input type="checkbox"/> Using○○Service <input type="checkbox"/> Attended Seminar <input type="checkbox"/> Subscription of mail magazine <input type="checkbox"/> Client <input type="checkbox"/> Previous persons engaged <input type="checkbox"/> Other	
Identification	The person	Agent* (only when requested by Agent)
Address	(〒)	(〒)
Name		
Katakana		
Confirmation Method	<input type="checkbox"/> Enclosure of a copy of public certification ⇒ <input type="checkbox"/> Driver's license <input type="checkbox"/> Health insurance <input type="checkbox"/> Pension notebook <input type="checkbox"/> Resident card <input type="checkbox"/> Passport <input type="checkbox"/> Foreign resident's registration card <input type="checkbox"/> Enclosure of two business cards <input type="checkbox"/> Confirmation with our call (Tel:)	<input type="checkbox"/> Letter of attorney
In case of correction and others*	Personal information before correction*	Personal information after correction*
Correction Items	Address*	(〒)
	Name*	
	Katakana*	
	Tel*	
	Mail address*	
Other*		

 : Fill out with a check mark

* : Fill out if necessary

(No mark): Required to fill out