

Personal information disclosure request form

Date: _____ / ____ / ____

To Yaruki Switch Group Co., Ltd.

Requester	Address Name <div style="text-align: right;">Phone Number</div>
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Representative	Address Name <div style="text-align: right;">Phone Number</div>
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Request for	<input type="checkbox"/> Notification of purpose of use of personal information <input type="checkbox"/> Correction, addition, (partial) removal of personal information <input type="checkbox"/> Suspension of provision of personal information to third parties <div style="float: right; padding-left: 20px;"> <input type="checkbox"/> Disclosure of personal information <input type="checkbox"/> Suspension of use of personal information </div>
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Personal Information relevant to the request	Please write as much information as possible, such as date or place our group registered your personal information
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(Note) When requesting disclosure of personal information, please enclose a document to identify yourself or your representative and the handling fee's worth of postal stamps with this document.

 For internal use (do not write below this line)

Requester's or legal representative's Identification Document	<input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Residence card <input type="checkbox"/> Alien registration certificate <input type="checkbox"/> Basic residence registration card <input type="checkbox"/> My Number card <input type="checkbox"/> Health insurance card <input type="checkbox"/> Certificate of residency <input type="checkbox"/> Pension book <input type="checkbox"/> Proof of stamp registration
Proof of relationship with legal representative	<input type="checkbox"/> Insurance card (with picture) <input type="checkbox"/> Family Registry

Notes:

Verification seal	Supervisor's seal	Handling fee recipient	Date answered	Date received