## Request for Disclosure, etc. of Personal Information

Name		Date	
Postal code Address	Te	I	
Please describe in detail the purpose of req			
◆Purpose(Please check the appropriate bo	ox.)		
☐ Notice of purpose of use	$\square$ Addition of personal information		
☐ Correction of personal information	☐ Deletion of personal information		
☐ Disclosure of personal information	$\square$ Suspension of use of personal information	١	
$\square$ Erasure of personal information	$\square$ Refusal of provision of personal information to any third party		
◆Content of personal information to be di	sclosed, etc.		
Please circle (a) or (b). If you select (a), pleas	sclosure (The description in this column is optiona se describe a method of implementation and your		
(a) I prefer the implementation of disclosure	e at the office.		
<pre><preferred date="" implementation="" of=""></preferred></pre>			
☐ Viewing or reading ☐ Delivery of	a duplicate   Other (	)	
<preferred date="" implementation="" of=""></preferred>			
(b) I prefer the delivery of a duplicate.			
Service fee			
1,000 JPY (Japanese Yen) per request (Servi	ce fee for disclosure or notice of purpose of use)		
Please send the service fee by registered mail or personally bring it to our contact.		Seal of acceptance of request	

Identification, etc.
(A) Requester of disclosure $\Box$ Principal $\Box$ Agent
<ul> <li>(B) Documents for confirmation of the requester</li> <li>□ Driver's license</li> <li>□ Certificate of health insurance</li> <li>□ Basic resident register card (with descriptions of address)</li> <li>□ Residence card, special permanent resident certificate, or any other certificate of foreign resident registration equivalent to any of them</li> <li>□ Other (</li> <li>) ※In the case of the request by sending a document for request, please be sure to attach a duplicate of any of the above documents</li> </ul>
(C) Status, etc. of Principal (Please describe here, in the case of request by the agent.)  (a) Status of the principal  Minor (birth date: )  Adult ward  (b) Name of the principal  (c) Address or residence of the principal
<ul> <li>(D) In the case of request by the agent, please present or submit the following documents.</li> <li>Power of attorney</li> <li>Document for confirmation of qualification of request *In the case of request by a legal representative</li> <li>【Copy of family register (in the case of a minor), Certificate of registered matters (in the case of adult ward)】</li> <li>Other ( )</li> </ul>
【Addressee】 SHINNIHON-TOURIST Co., Ltd. Voice Building 1F, 5-4-18 Asahi-cho, Takamatsu-shi, Kagawa-ken, 760-0065, Japan TEL +81-87-823-5678