Application Form for Disclosure, Correction, Discontinued Use of Personal Information

Ple	ase	circle the	e numbe	r of your	r reques	t(s) belo	w. If y	ou wisł	n to r	equest th	ne u	ınderlined	l items in	Writing	, please
enc	close	e stamps	worth 1,	000 yen	as a haı	ndling fe	e (incl	uding p	osta	ge).					

1 <u>Disclose your perso</u>	onal information	2 Disclose purpo for your persor		3 Coi	rrect/Add your pe	ersonal informat	ion	
4 Discontinue use of	your personal infor			•				
* [If you choose 1.] Ple 1. Name 2. Addi 7. Work 8. Wor * [If you choose 1.] Dis 1. Document 2. [Applicant Information]	ress 3 . Date of Birk Telephone Numbe sclosure method Electromagnetically r	irth 4 . Telephorer 9 . Records pro	ne Number 5 . vided to a third pa	arty 10. Oth				
①Application Date ((Y/MM/DD)		/	/				
Applicant Details								
@Name			sign here		③Date of Birth	(YY/MM/DD) /		
(¯ ⊕ Address	—)							
⑤Telephone			© E-mail					
Application store / f	acility		Onate of use (YY/MM/DD)					
				/	/			
f you choose 3, pleas For Correction or Add	•							
Proxy Information (If a	pplicable)]							
Proxy Name		sign here		Relationshi	p to Applicant			
				Parent/Ager Other (Plea	nt se specify) ()	
(= Address	—)	Tel	ephone	_	_			
【Identification】 Please	provide one of the fo	ollowina ID s (Copi	es are acceptable (except for (8)	. All documents r	must be valid.)		
(1) Driver's License (2 (6) Residential basic b (8) Other public certif	2) Passport (3) Alien (book card (7) Resider	registration certificance certificate (mu	ate (4) Health insu	ırance card (5) Pension handb			
XIf you are making a r	•		•		•	-		
Please submit this app	lication form to <u>Adr</u>	ess : Kojimachi Odo	ori Building 13F,2-4	4-1 Kojimachi,	. Chiyoda-ku, Tok	<u>yo 102-0083, Ja</u>	<u>pan</u>	

Office Use Only

• 1	請求受付日:平成	年	月	日	● 回答日:平成	年	月	日
	管理NO	申請受付	ţ	手数料確認	添付書類確認	回答承詢	忍	回答発信

Watabe Wedding Corpoaration Personal Information Consultation Office