Request Form for Personal Information Inquiries

Date of Request: (MM DD, YY) [

Please fill in the following items in accordance with the contents of your request.

Left-marking of Demonstration (Italian market) at the contents of your request.			
Information of Requester (Items marked * must be filled in.)			
* Name: *	* Sex: Male / Female		
* Address and postal code:		(Signature/Seal)	
* Tel. No.: ()		
E-mail address:	@		
If request is being made by an agent:			
Name of agent:			
Document identifying agent: Power of attorney / Other			
* Matters requested			
 Notification of purpose of use of personal information Correction of personal information Deletion of personal information Removal of personal information 	 Disclosure of persona Addition of personal Suspension of use of Suspension of provid information to any th 	information personal information ing personal	
* Personal information subject to request			
 (Note 1) Please fill in the situation, date, etc., when personal information was registered with the Company to the extent possible. (Note 2) If the relevant personal information has already been deleted, we will not be able to meet your request. 			
The following section shall be filled in by the Company:			
[Other reasons]			
Date of receipt: (MM DD, YY) [] Method of confirming identity: □ Driver's License; □ Passport; □ Health Insurance Card; Date of confirmation: Date of responding to request: Person responding: Inquiry management number:			

Approved by	Personal Information Protection Manager (seal)	(date of approval:MM,DD,YY)
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