

To Kyosan Electric Manufacturing Co., Ltd.

Application for Disclosure, etc. of Owned Personal Data

I would like to request the following information in relation to the personal information subject to disclosure owned by you.

(Month) (Date) (Year)

1. Information in relation to the individual (principal information)

Name	<hr/> <hr/> <p style="text-align: right;">(seal)</p>
Address	
Telephone number	
Enclosed personal identification material	<input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Resident card <input type="checkbox"/> Certificate of special permanent resident <input type="checkbox"/> A Government issued personal identification document with a facial picture, such as a personal number card *1 <input type="checkbox"/> Health insurance card <input type="checkbox"/> A Government issued personal identification document without a facial picture, such as a pension book

\*1 Please do not send the side printed with personal identification numbers

2. Information of the agent (please fill in only when the request is made by the agent)\*2

Name	<hr/> <hr/> <p style="text-align: right;">(seal)</p>
Address	
Telephone number	

<p>Enclosed material to confirm the power of attorney</p>	<p><input type="checkbox"/> Driver's license   <input type="checkbox"/> Passport   <input type="checkbox"/> Resident card</p> <p><input type="checkbox"/> Certificate of special permanent resident</p> <p><input type="checkbox"/> A government issued personal identification document with a facial picture, such as a personal number card *1</p> <p><input type="checkbox"/> Health insurance card</p> <p><input type="checkbox"/> A government issued personal identification document without a facial picture, such as a pension book</p>
<p>Enclosed document to confirm the agent's personal identification</p>	<p><input type="checkbox"/> Extract of the individual's family register or health insurance card of the dependent (copy)</p> <p><input type="checkbox"/> Certificate of registered particulars as provided in Article 10 of Act on Guardianship Registration, etc.</p> <p><input type="checkbox"/> Power of Attorney and stamp registration certificate of the individual</p>

\*2 In case the individual is a minor, please request through the agent.

### 3. Content of the request

<p>Content of the request</p>	<p><input type="checkbox"/> Notification of the purpose of use   <input type="checkbox"/> Deletion</p> <p><input type="checkbox"/> Disclosure   <input type="checkbox"/> Cessation of use</p> <p><input type="checkbox"/> Correction   <input type="checkbox"/> Deletion</p> <p><input type="checkbox"/> Addition   <input type="checkbox"/> Cessation of provision to a third party</p> <hr/> <p><input type="checkbox"/> Content of the request</p>
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	<input type="checkbox"/> In case of a request for correction, addition or deletion, please fill in the table below.		
	<Correction / Addition / Deletion>		
		Before	After
	Correction		
	Addition		
Deletion			
	<input type="checkbox"/> The background and the method of providing Personal Information		
	When		
	How		
	Others		

4. Method of disclosure

Method of disclosure	<input type="checkbox"/> Postal mail
	<input type="checkbox"/> E-mail* (address: _____ ) *If sending the data by e-mail is difficult, such as in cases where we are unable to confirm that the e-mail address belongs to the person making the request, then we will respond to the request by postal mail.

5. The delivery address for the response of the disclosure, etc. (unnecessary if the request of disclosure, etc. is made by the individual).

- Individual's address
- Agent's address