

Request for the Disclosure of Personal Information Form

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To: Help Desk For Requests, Etc. Related to Personal Information
Nippon Electric Glass Co., Ltd.

Pursuant to the Act on the Protection of Personal Information, I hereby submit this request, etc. regarding as follows the Personal Data the Business Holds concerning the Identifiable Person (me) stated below. (Please enter the information required in the form and circle the applicable numbers.)

A. Matters regarding the Identifiable Person (me)

Name		(seal)	Gender	1. Male 2. Female						
Address	(Please enter the address accurately from the prefecture name, including the zip code.) 〒									
Date of Birth		Tel.								
Documents to verify the Identifiable Person	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Copy of “MyNumber” card</td> <td style="width: 50%;">2. Copy of certificate of residence</td> </tr> <tr> <td>3. Copy of driver’s license</td> <td>4. Copy of health insurance eligibility certificate</td> </tr> <tr> <td>5. Copy of passport</td> <td></td> </tr> </table>				1. Copy of “MyNumber” card	2. Copy of certificate of residence	3. Copy of driver’s license	4. Copy of health insurance eligibility certificate	5. Copy of passport	
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3. Copy of driver’s license	4. Copy of health insurance eligibility certificate									
5. Copy of passport										

*To verify your identity, please fill out the section below if your information registered with the Company is different from the options stated above.

Item (Address, etc.)	Registered information

B. Matters for the legal representative

(Please fill out this section only if the legal representative of the Identifiable Person is submitting the request or complaint.)

Name		(seal)	Gender	1. Male 2. Female
Address	(Please enter the address accurately from the prefecture name, including the zip code.) 〒			
Date of Birth		Tel.		

Documents to verify the legal representative	1. Copy of “MyNumber” card	2. Copy of certificate of residence
	3. Copy of driver’s license	4. Copy of health insurance eligibility certificate
	5. Copy of passport	

* Please enclose the power of attorney with the seal registration certification for the seal of the Identifiable Person (who is stated in A. above) affixed thereto.

C. Matters regarding the Personal Data the Business Holds that is subject to your request, etc.
(Please be as detailed as possible.)

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* For example, the name of the department of the Company that handled your transaction or with which you have a relationship, the details of such transaction or relationship, the name of the product you purchased, and the like.

D. Details of your request, etc.
(Please enter the details of your request, etc., the items of Personal Data subject to your request, etc., or the reason for your request, etc.)

1. Disclosure of the Personal Data the Business Holds	Items to be disclosed (Address, etc.)		
2. Correction to the Personal Data	Items to be corrected	Before correction	After correction
	Reason for correction		
3. Addition to the Personal Data	Items to be added	Before addition	After addition
	Reason for addition		
4. Deletion of the Personal Data	Items to be deleted	Reason for deletion	
5. Suspension of use of the Personal Data	Items to be suspended	Reason for suspension	
6. Erasure of the Personal Data	Items to be erased	Reason for erasure	

[Notes]

1. We will respond to your request to the extent of the information entered by you.
2. We will use the Personal Information entered by you to the extent necessary to respond to your request.
3. Information such as the address to send this form to, the documents necessary to verify the Identifiable Person or legal representative thereof, and the fees can be found on our website.

7. Disclosure of Record of Provision to third parties		
8. Suspension of provision to third parties	Name of the third parties to which the provision shall be suspended	
	Reason for suspension of provision to the third parties	
9. Provision of information on matters regarding the measures taken for the secure control of the Personal Data	<input type="checkbox"/> I request this provision of information. (Please tick the box above if you request the provision of information.)	
10. Notification of the purpose of use		

* Please enclose one 940 yen stamp per each request for 1., 7., and 10. above for the processing fee.

E. Other (if any)

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Processing result (internal use only)

[Notes]

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3. Information such as the address to send this form to, the documents necessary to verify the Identifiable Person or legal representative thereof, and the fees can be found on our website.