

Form for Requesting Disclosure etc. of Personal Data Held by the Company

MM, DD, YYYY

**Contact for requests:**

Address: Osaka Umeda Twin Towers South, 1-13-1 Umeda, Kita-ku, Osaka 530-0001

Name: Toyobo Co., Ltd., Legal Division, Compliance Department Manager

- Enter the required information below and mail it to the above contact person with the required identity verification documents.
- Be sure to fill out this form completely.
- When sending a copy of the health insurance card, please black out the “insurer number” and “member code/number” before mailing it (the same will apply with respect to identity verification of a representative).

1. Person making the request (check the relevant box below)

<input type="checkbox"/> Data subject <input type="checkbox"/> Legal representative of a minor <input type="checkbox"/> Legal representative of an adult ward <input type="checkbox"/> Representative authorized by the data subject	Address
	Name
	Daytime phone number
	Email address

If the request is being made through a representative, provide the data subject’s name and address as well.

Address
Name

2. Matters concerning request etc. for disclosure etc. of personal data held by the company

Purpose of the request (check the relevant box(es))	<input type="checkbox"/> Notification of purpose of use of personal data held by the company <input type="checkbox"/> Disclosure of personal data held by the company <input type="checkbox"/> Correction, addition or erasure of personal data held by the company <input type="checkbox"/> Suspension of use or deletion of personal data held by the company <input type="checkbox"/> Suspension of provision of personal data held by the company to a third party <input type="checkbox"/> Disclosure of records of third-party provision
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Name and particulars of the personal data held by the company that is the subject of the request, and other matters sufficient for identifying the personal data held by the company that is the subject of the request	
If requesting correction of personal data held by the company, provide how the information should read after correction (check the relevant box(es))	<input type="checkbox"/> Name after correction: <input type="checkbox"/> Address after correction: <input type="checkbox"/> Phone number after correction: <input type="checkbox"/> Fax number after correction: <input type="checkbox"/> Email address after correction: <input type="checkbox"/> Other:
The method of notification of decision	The company will send either a “Notification of decision of disclosure etc. of personal data held by the company” or a “Notification of decision of non-disclosure etc. of personal data held by the company.”
Consent	With this Request, I consent to the use of personal information contained in this request form and the documents submitted for the purpose of verifying my identify or the identity of my representative for responding to this Request.

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For company use only (please do not use this column)

Identity verification documents of the data subject*	<input type="checkbox"/> Driver’s license <input type="checkbox"/> Passport <input type="checkbox"/> Health insurance card <input type="checkbox"/> Pension plan member booklet <input type="checkbox"/> Family register or abstract of family register <input type="checkbox"/> Certificate of residence <input type="checkbox"/> Other ( )
If using a representative, identity verification documents of the representative*	<input type="checkbox"/> Driver’s license <input type="checkbox"/> Passport <input type="checkbox"/> Health insurance card <input type="checkbox"/> Pension plan member booklet <input type="checkbox"/> Family register or abstract of family register <input type="checkbox"/> Certificate of residence <input type="checkbox"/> Other ( )
Documents for verifying authority of representation	<input type="checkbox"/> Power of attorney + certificate of seal impression <input type="checkbox"/> Family register <input type="checkbox"/> Certificate of adult guardian registration <input type="checkbox"/> Other ( )

Person in charge	(Extension)
Remarks	

\*If a document does not have a face photo, two pieces of identification documents must be submitted for verification.