

Request Form for Disclosure, etc. of Personal Information

Year Month Day

To: Starzen Co., Ltd. Personal Information Contact Point

1. Matters relating to the Data Subject

Name	
Address	
Phone Numbers	
ID Document (Copy)	<input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Health Insurance ID <input type="checkbox"/> Pension book <input type="checkbox"/> Other ()

2. Matters relating to the Representative (Please fill in only where the requesting person is not the data subject)

Name	
Address	
Phone Numbers	
Relationship with the Data Subject	<input type="checkbox"/> 1.Statutory Representative (parent, etc.) <input type="checkbox"/> 2.Other Representative (appointed by the data subject)
Required Documents for the Representative	<p>1. For Statutory Representative (Select one from below)</p> <p><input type="checkbox"/> A certified copy of Family Register</p> <p><input type="checkbox"/> A copy of health insurance card which demonstrates the relationship with the data subject</p> <p><input type="checkbox"/> Other ()</p> <p>2.For Other Representative (all of the documents are required)</p> <p><input type="checkbox"/> A power of attorney by the data subject with the registered seal)</p> <p><input type="checkbox"/> seal registration certificate of the data subject</p> <p>3.Required for the both types of representatives</p> <p><input type="checkbox"/> ID document of the representative (A copy of driver's license, etc.)</p>

3. Background Information as to Personal Information being Provided to Starzen and How It Was Provided to Starzen

(Please mark a circle to applicable number and fill in specific details such as name of services, etc.)

Number	Background/method	Name of Exhibition, date and name of services, etc.
1	Request of documents/materials	
2	Answering questionnaire	
3	Registration to exhibition	
4	Inquiry	
5	Others	

4. Details of Request (Please place a check mark in below as to your request regarding retained personal data)

<input type="checkbox"/> ①Disclosure <input type="checkbox"/> ②Notification of Purpose of Use <input type="checkbox"/> ③correction <input type="checkbox"/> ④addition <input type="checkbox"/> ⑤deletion <input type="checkbox"/> ⑥suspension of use <input type="checkbox"/> ⑦disclosure of regard of provision to a third party <input type="checkbox"/> ⑧suspension of provision to a third party <input type="checkbox"/> ⑨suspension of joint use
Please describe the specific reason for your request such as an error of personal information; personal information is being used for different purpose of use and so on.

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5. Disclosure of Retained Personal Data (Please describe the items of personal information you request to disclose.)

Items of Personal Information (e.g. name, address, phone number, face photo)
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6. Correction of Retained Personal Data (If you request correction, please describe the details.)

Items of Personal Information (name, address, phone number, etc.)	Before correction	After correction

7. Addition of Retained Personal Data (If you request addition, please described the details.)

Items of Personal Information (name, address, phone number, etc.)	Details of Adding Personal Information

8. Deletion of Retained Personal Data

(If you request partial deletion of items, please describe the names and details of the items which enable us to identify such items.)

Items of Personal Information (name, address, phone number, etc.)	Deleting Items and its Details
<input type="checkbox"/> Delete All of the Items	
<input type="checkbox"/> Partial Deletion of Items	

9. Suspension of Use of Retained Personal Data, Suspension Joint Use or Suspension of Provision to a Third Party

(If you request suspension of use, suspension of joint use or suspension of provision to a third party, please place a check mark to a kind of suspension you are requesting and describe the details.)

Specific name of services, name of products or details of use, etc. for which you are requesting to suspend use, joint use or provision to a third party
<input type="checkbox"/> suspension of use <input type="checkbox"/> suspension of joint use <input type="checkbox"/> suspension of provision to a third party (Details)

If the form is incomplete, there is any deficiency in the ID documents, etc. or there is a reason stipulated in laws and regulations, your request may be denied.

We kindly request your understanding in advance that postage costs, etc. to send the form to us must be borne by the person making such request.

In addition, for procedures for requesting notification of purpose of use or disclosure, a handling fee of 500 yen is charged per request, so please enclose a postal money order of 500 yen with this form.