

Request Form for the Disclosure, etc. of  
Retained Personal Data

SHINTOA CORPORATION

Personal Information Protection Section, General Affairs Department

Date		(dd/mm/yyyy)
Pr nci pal	Name Name in katakana (if Japanese)	Seal field
	Address	
	Telephone number	
	Email address	
Pr ox y	Name Name in katakana (if Japanese)	Seal field
	Address	
	Telephone number	
	Email address	
Document to confirm the identity of the individual or their proxy		<input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Health insurance card
Request item		Requested action(s) with respect to the individual's personal data retained by SHINTOA CORPORATION: <input type="checkbox"/> Notification of the purpose of use <input type="checkbox"/> Disclosure <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Suspension of Use <input type="checkbox"/> Removal <input type="checkbox"/> Disclosure of records of provision to third parties
Details of the request and reasons for the making request		

Timing and means by which the personal information was provided to SHINTOA CORPORATION	
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- The personal information entered in this request form will be used to the extent necessary to perform the above procedures.
- Please be sure to attach double-sided copies of the document to confirm the identity of the individual or their proxy.
- The response from SHINTOA CORPORATION will be sent by postal mail to be received only by the individual concerned, or by email.
- Please note that certain laws or regulations may prevent SHINTOA CORPORATION from responding to a request for disclosure, etc.