

Sinanen Holdings Co., Ltd.
To Risk Management Team, Business Administration Department

Personal Information Disclosure Request Form

I hereby make the following request for disclosure, etc. of personal information held by your company in accordance with the Act on the Protection of Personal Information.

The individual	Customer number	(Field used by company)
	Name	Stamp
	Address	Zip code
	Phone number	
Identification documents to be enclosed	<input type="checkbox"/> Driver's license <input type="checkbox"/> Passport issued on or before February 3, 2020 <input type="checkbox"/> Passport issued on or after February 4, 2020 + certificate of residence or utility bill receipt <input type="checkbox"/> My number card <input type="checkbox"/> National health insurance card + certificate of residence or utility bill receipt <input type="checkbox"/> National pension book <input type="checkbox"/> Resident card <input type="checkbox"/> Special permanent resident certificate	
Handling fee	<input type="checkbox"/> Fixed amount money order for 1,000 yen (*)	
representative	Name	Stamp
	Address	Zip code
	Phone number	
	Relationship with the individual	<input type="checkbox"/> Legal representative (person with parental authority, etc.) • <input type="checkbox"/> Voluntary representative
	Where to reply	<input type="checkbox"/> I wish to have a response addressed to my representative
Documents confirming representative's identity (Not required in case of application by the individual)	<input type="checkbox"/> Driver's license <input type="checkbox"/> Passport issued on or before February 3, 2020 <input type="checkbox"/> Passport issued on or after February 4, 2020 + certificate of residence or utility bill receipt <input type="checkbox"/> My number card <input type="checkbox"/> National health insurance card + certificate of residence or utility bill receipt <input type="checkbox"/> National pension book <input type="checkbox"/> Resident card <input type="checkbox"/> Special permanent resident certificate	

	<p>In the case of a legal representative (in addition to the above identification documents) <input type="checkbox"/>Copy of family register <input type="checkbox"/>Certificate of adult guardianship registration</p> <p>In the case of a voluntary representative (in addition to the above identification documents) <input type="checkbox"/>A power of attorney and the certificate of seal impression of the individual, residence card, or special permanent resident certificate</p>
Contents of the request	<input type="checkbox"/> Disclosure of personal information <input type="checkbox"/> Notification of purpose of use of personal information <input type="checkbox"/> Correction, addition, or deletion of personal information <input type="checkbox"/> Suspension of use or elimination of personal information <input type="checkbox"/> Suspension of provision of personal information to a third party <input type="checkbox"/> Disclosure of records of provision of personal information to third parties
Method of Disclosure	<input type="checkbox"/> Document <input type="checkbox"/> E-mail <input type="checkbox"/> Other* () If by e-mail, please provide your e-mail address below. ()@() *If it is difficult to disclose the information by the method specified by you, we will disclose the information in writing.
Reason for the request	* Please be sure to include the following information when making a request for correction, addition, deletion, suspension of use, elimination, or suspension of provision to a third party.
How and why you provided your personal information to the Company	* Name of questionnaire, participation in events, registration to receive e-mail newsletters, participation in seminars, inquiries, etc.
State of contact from our company to the individual	Regarding [] (name of the service or product): <input type="checkbox"/> I received a notice about points <input type="checkbox"/> Direct mail is sent to me <input type="checkbox"/> Email is sent to me <input type="checkbox"/> I received a phone call <input type="checkbox"/> I received a visit <input type="checkbox"/> Other ()

* Handling and postage fees

- A handling fee of 1,000 yen (including tax) will be charged for each request. Please enclose a fixed postal money order for 1,000 yen with the submitted documents.
- No handling fee is required for requests for correction, addition, deletion, suspension of use, deletion, or suspension of provision to third parties.
- Please note that you are responsible for the cost of purchasing the fixed postal money order and postage to us.
- If the handling fee is insufficient or not enclosed, we will notify you to that effect. If payment is not made within the prescribed period, we will assume that there has been no request for disclosure or notification of purpose of use.

Notes

- Please note that if any of the following deficiencies or shortfalls are found in the submitted set of documents, etc., we will return the entire set of documents, etc., to the individual.
- The documents sent at the time of the request will be used only to the extent necessary to respond to the above request. Please note that the documents will not be returned.
- If a response to the above request is necessary, it will be sent to the individual in principle. If you would like a response, etc., to be sent to your representative, please indicate so.

[Company entry field below]

Date of receipt	Year			Month		Date		Hour	Minute
Confirmation of the individual	1	2	3	4	5	6	7	8	

Confirmation of the representative	1	2	3	4	5	6	7	8	a	b	c
Confirmation of handling fee	<input type="checkbox"/> Attached		<input type="checkbox"/> Insufficient		<input type="checkbox"/> Not attached		<input type="checkbox"/> Not required		<input type="checkbox"/> Sinaps		
Department responding to the investigation	Department					Name of responsible person					
Date of reply	Year		Month		Date		Name of responsible person				

Last update: April 1, 2024