(Form 1)

**Written Request for Disclosure of Personal Information**

To: The Personal Information Manager

NIHON MECCS Co., Ltd.

Based on Article 28.1 of the Act on the Protection of Personal Information, I request disclosure of my personal information related to the matters stated below from among the databases that your company possesses.

|  |  |
| --- | --- |
| 1. Content of the matters subject to the request for disclosure | |
|  | |
|  | |
|  | Date of the request: (Month) \_\_\_\_\_\_ (Date) \_\_, (Year) \_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. Person making the request (the person related to the personal information) | | | |
| Address: |  | | |
|  |  |  |  |
| Name: |  | | Seal |
|  |  |  |  |
| Contact information (telephone number): |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. In the case of a request by a representative, please fill out the sections below. | | | |
| Address: |  | | |
|  |  |  |  |
| Name: |  | | Seal |
|  |  |  |  |
| Contact information (telephone number): |  | | |

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\* Please attach a copy of an official identification card for the purpose of confirming your identity.

In the case of a request by a representative, a statement of authorization to which your seal (registered seal) has been affixed, your seal registration certificate, and copies of both people’s official identification cards will be necessary.

\* Please pay JPY 1,000 as a disclosure service charge.

(Form 2)

**Written Request for Correction (Addition or Deletion) of Personal Information**

To: The Personal Information Manager

NIHON MECCS Co., Ltd.

Of the databases that your company possesses, the content of my personal information differs from the facts; therefore, I request the correction (addition or deletion) stated below based on Article 29.1 of the Act on the Protection of Personal Information.

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| --- | --- | --- | --- |
| Date of the request: (Month) \_\_\_\_\_\_ (Date) \_\_, (Year) \_\_\_\_\_ | | | |
| 1. Person making the request (the person related to the personal information) | | | |
| Address: |  | | |
|  |  |  |  |
| Name: |  | | Seal |
|  |  |  |  |
| Contact information (telephone number): |  | | |

|  |  |
| --- | --- |
| 2. Content for correction (Please enter the content as specifically as possible.) | |
| Before correction: |  |
|  |  |
| After correction: |  |
|  |  |
| Please write the reason why you judged that the content differs from the facts. | |
|  | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. In the case of a request by a representative, please fill out the sections below. | | | |
| Address: |  | | |
|  |  |  |  |
| Name: |  | | Seal |
|  |  |  |  |
| Contact information (telephone number): |  | | |

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\* Please attach a copy of an official identification card for the purpose of confirming your identity.

In the case of a request by a representative, a statement of authorization to which your seal (registered seal) has been affixed, your seal registration certificate, and copies of both people’s official identification cards will be necessary.

(Form 3)

**Written Request for Suspension of Use (Elimination) of Personal Information**

To: The Personal Information Manager

NIHON MECCS Co., Ltd.

Based on Article 30.1 of the Act on the Protection of Personal Information, I request suspension of use (elimination) of my personal information stated below from among the databases that your company possesses.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of the request: (Month) \_\_\_\_\_\_ (Date) \_\_, (Year) \_\_\_\_\_ | | | |
| 1. Person making the request (the person related to the personal information) | | | |
| Address: |  | | |
|  |  |  |  |
| Name: |  | | Seal |
|  |  |  |  |
| Contact information (telephone number): |  | | |

|  |
| --- |
| 2. Reason for the request (enter a check mark in the box) and the content (circle either “Suspension of use” or “Elimination” or both) |
| * It is being handled beyond the purposes of use that your company publicly announced.　　　(Suspension of use / Elimination) |
| * It has been obtained by deception or other dishonest means.   (Suspension of use / Elimination) |
| * It is being provided to third parties in violation of the Numbers Act.   (Suspension of use / Elimination) |
| * There is no longer a need to use it.   (Suspension of use / Elimination) |
| * A leak has occurred.   (Suspension of use / Elimination) |
| * There is a possibility that the rights or legitimate interests of the person related to the personal information will be infringed. |
| Please enter “those grounds” as specifically as possible. |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. In the case of a request by a representative, please fill out the sections below. | | | |
| Address: |  | | |
|  |  |  |  |
| Name: |  | | Seal |
|  |  |  |  |
| Contact information (telephone number): |  | | |

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\* Please attach a copy of an official identification card for the purpose of confirming your identity.

In the case of a request by a representative, a statement of authorization to which your seal (registered seal) has been affixed, your seal registration certificate, and copies of both people’s official identification cards will be necessary.

(Form 4)

**Statement of Authorization**

To: The Personal Information Manager

NIHON MECCS Co., Ltd.

I delegate to the person stated below the request for \_\_\_\_\_\_\_\_\_\_ (Notes) for my personal information from among the databases that your company possesses.

　　　　　　　　　　　　　　　　　　　　　　　　　　　(Month) \_\_\_\_\_\_ (Date) \_\_, (Year) \_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| (The person related to the personal information) | | | |
| Address: |  | | |
|  |  |  |  |
| Name: |  | | Seal |
|  |  |  |  |
| Contact information (telephone number): |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| (Delegated person) | | | |
| Address: |  | | |
|  |  |  |  |
| Name: |  | | Seal |
|  |  |  |  |
| Contact information (telephone number): |  | | |

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\* The seal of the person related to the personal information is that person’s registered seal. Please submit the seal registration certificate (a certificate issued within the last three months).

Please attach copies of the respective official identification cards of the person related to the personal information and the delegated person.

\* (Notes) About the method of filling out the underlined portion

(i) In the case of a request for disclosure, enter the wording “disclosure.”

(ii) In the case of a request for correction (addition or deletion), enter the wording “correction (addition or deletion) because there is content that differs from the facts.”

(iii) In the case of a request for suspension of use (elimination), enter the wording “suspension of use (elimination).”