Date of Request:

To: SCREEN Advanced System Solutions Co., Ltd.

Personal Information Disclosure, etc. Request Form

Upon approval of the matters described in “3. Provisions Regarding the Procedures for a "Request for Disclosure, etc."” of your Privacy Policy, I hereby request Disclosure, etc. of retained personal data set forth in the Act on the Protection of Personal Information of Japan as follows.

1. Information regarding the Applicant

Full Name	
Date of birth	
Address	〒　　－ ※Please enter your complete address
Phone number	(　　)　　－　　※daytime phone number
E-mail address	
Company/Department	
Nature of your request ※Please circle the appropriate number	1. Notification of purpose of use　2. Disclosure of personal information　3. Revision of personal information　4. Addition of personal information　5. Deletion of personal information　6. Suspension of use of personal information　7. Removal of personal information　8. Suspension of provision of personal information to third parties 9. Disclosure of the record of provision to third parties In case of 2. Disclosure of personal information or 9. Disclosure of the record of provision to third parties, please designate the way of disclosure. 1. letter　2. E-mail
Reason of your request	※Please describe the reason specifically. In the case of No. 6 through No. 8 above, please specify the name or details of the service.
Situations or methods of providing personal information to SCREEN	※Please specify the details, such as registration of web service, user, membership, questionnaire, campaign or exhibition visitor, etc., repair request, license acquisition, application or inquiry.
Identification document ※Please circle the appropriate number	1. Driver’s License　2. Passport　3. Health Insurance Card　4. Pension Booklet 5. Residence Card　6. Individual Number Card (front side only) 7. Other（　　）※One copy of any documents above

2. Information regarding the Representative ※The following items should be filled out only when this request is made by a Representative:

Full name	
Date of birth	
Address	〒 － ※Please enter your complete address
Phone number	( ) － ※daytime phone number
E-mail address	
Identification document ※Please circle the appropriate number	1. Driver's License 2. Passport 3. Health Insurance Card 4. Pension Booklet 5. Residence Card 6. Individual Number Card (front side only) 7. Other（ ） ※One copy of any documents above
Relationship with the Applicant ※Please circle the appropriate number	1. Person designated by the Applicant 2. Legal representative (person with parental authority, etc.)
Documents verifying the authority of Representative ※Please circle the appropriate number	1. Proxy from the Applicant and a certificate of the registered seal affixed to the Proxy (within 3 months from the date of issue) or 2. Transcript or abstract of family register, or a copy of residence certificate that shows a relationship with the Applicant（※Only in the case of legal representative）

3. Other（Comments）

<Note>

The Applicant must fill in the necessary information in this request form and send it to the "Personal Information" Inquiries Office along with the necessary documents. In case of disclosure by letter, please attach postage fee for a response letter (postage stamps equivalent to the postage fee of standard size domestic mail up to 25 g and Restricted Delivery Mail Service provided by JAPAN POST Co., Ltd.).