

## Personal Information Disclosure Request

To,  
 Personal Information Manager,  
 General Affairs Department, Iwaki Co., Ltd.

I request you the following regarding the personal data in your possession.

Date of Request	(Month)	(Date),	(Year)	
Principal	Name (Furigana) <span style="float: right;">Seal</span>	Telephone Number ( ) -		
	Address			
	Documents submitted. Either of the following, <input type="checkbox"/> Resident Card <input type="checkbox"/> Copy of driving license <input type="checkbox"/> Copy of passport <input type="checkbox"/> Copy of health insurance card <input type="checkbox"/> Copy of pension insurance notebook			
Proxy	Name (Furigana) <span style="float: right;">Seal</span>	Telephone Number ( ) -		
	Address			
	Relationship with the principal			
	Documents submitted <input type="checkbox"/> One of the documents submitted for principal <input type="checkbox"/> Letter of attorney <input type="checkbox"/> Original seal certificate of the proxy used in the letter of attorney and either of <input type="checkbox"/> Resident card of proxy <input type="checkbox"/> Copy of driving license of proxy <input type="checkbox"/> Copy of passport of proxy <input type="checkbox"/> Copy of health insurance card of proxy <input type="checkbox"/> Copy of pension insurance notebook of proxy			
Relationship with the company	<input type="checkbox"/> Business partner (Company name “ , “ Department of the company engaged with “ ”)			
	<input type="checkbox"/> Shareholder	<input type="checkbox"/> General user	<input type="checkbox"/> Other ( )	
Timing of provision of personal information and status	Around <span style="float: right;">Month</span> <span style="float: right;">Year</span>			
Request category	<input type="checkbox"/> Disclosure	<input type="checkbox"/> Notification of purpose of use	<input type="checkbox"/> Correction	<input type="checkbox"/> Addition
	<input type="checkbox"/> Deletion	<input type="checkbox"/> Removal	<input type="checkbox"/> Suspension of use	<input type="checkbox"/> Suspension of provision to a third party
Request item	<input type="checkbox"/> Name	<input type="checkbox"/> Address	<input type="checkbox"/> Telephone number (Home, Company, Mobile)	
	<input type="checkbox"/> Date of birth	<input type="checkbox"/> Email address	<input type="checkbox"/> Other ( )	
Specific Requests				
Background of Request				

<Mailing Address>  
 Personal Information Manager,  
 General Affairs Department, Iwaki Co., Ltd.  
 6F, Nissei Kanda Suda-cho Building,  
 2-6-6, Kanda Suda-cho, Chiyoda-ku,  
 Tokyo 101-8558 Japan  
 TEL: 03-3254-2931

To be filled by the company		
Date received	Month	Year
Identification number	-	
Received By		