**CCPA/CPRA Request Form for Retained Personal Data**

 Date of request: (Month) (Date) , (Year)

TO: Alps System Integration Co., Ltd.

According to California Consumer Privacy Act of 2018(CCPA), as amended by the California Consumer Privacy Rights Act of 2020(CPRA) and, I hereby make a request as follows concerning the retained personal data.

**\*Required Information**

**1. Matters related to the principal making the request**

|  |  |
| --- | --- |
| Name\* | (First Name) (Last Name) (Middle Name)  |
| Signature\* | 　　　　　　　　　　　　　　　　　　　　　　　　　　　 |
| Date of birth\* | (Month) (Date) , (Year) 　  |
| Address\* | Postal code: -   |
| Telephone number\* | Number: (　 　　　） 　　 - 　　　　Type: ***Click Here and Choose Home / Company / Mobile from Dropdown List*** |
| Primary Email address\* |   |
| Additional Email address |   |
| My preferred method for communication\* | ***Click Here and Choose Preferred Method for Communication regarding the Request from Dropdown List*** |
| Note | According to your CCPA/CPRA Privacy Policy, I, the requestor, acknowledge that:(i) the requestor’s identification will be verified according to the methods and procedures required and/or permitted by CCPA/CPRA (including its related laws and regulations);(ii) the requestor may be asked to provide additional proof of identification so that Alps System Integration can verify the requestor’s identity; and (iii) Alps System Integration may require that the requestor validates the request. |

**2. Matters related to the request**

|  |  |
| --- | --- |
| Request Type\* | ***Click Here and Choose a Category of the Request from Dropdown List*** |
| Detail and Reason of Request\* | Please fill in below the detail and reason of above request  |
| Matters for identifying the retained personal data\* | Please fill in below to the extent of my understanding1. Names of products or services related to my personal information(　　　　　　　　　　　　　　　　　　　　　　　　　　　 )2. My personal information I’m concerned about (in case of request for disclosure)( ) |

**3. Matters related to the principal’s representative (If requested by the principal’s representative, please fill in the matters below)**

|  |  |
| --- | --- |
| Name\* | (First Name) (Last Name) (Middle Name)  |
| Signature\* | 　　　　　　　　　　　　　　　　　　　　　　　　　　　 |
| Date of birth\* | (Month) (Date) , (Year) 　  |
| Address\* | Postal code: -   |
| Telephone number\* | Number: (　 　　　） 　　 - 　　　　Type: ***Click Here and Choose Home / Company / Mobile from Dropdown List*** |
| Primary Email address\* |   |
| Additional Email address |   |
| My preferred method for communication\* | ***Click Here and Choose Preferred Method for Communication regarding the Request from Dropdown List*** |
| Relationship with the principal\* | ***Click Here and Choose Relationship with the Principal from Dropdown List*** |
| Delegation\* | **Please submit with this form the Power of Attorney from the principal (with the principal’s signature).** (if there exists a power of attorney pursuant to California Probate Code sections, it is also acceptable) |
| Note | According to your CCPA/CPRA Privacy Policy, I, the principal’s representative, acknowledges that:(i) the identification of the authorized agent will be verified according to the methods and procedures required and/or permitted by CCPA/CPRA (including its related laws and regulations); and (ii) the authorized agent may be asked to provide additional proof of identification so that Alps System Integration can verify the authorized agent’s identity |