**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 understanding  1. 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 |