**Request for Disclosure of Retained Personal Data**

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

To: Alps System Integration Co., Ltd.

Based on the Act on the Protection of Personal Information, I hereby make a request as follows concerning the retained personal data.

1. Matters related to the principal making the request

|  |  |
| --- | --- |
| Name |  |
| Signature | 　　　　　　　　　　　　　　　　　　　　　　　　　　　 |
| Date of birth | (Month) (Date) , (Year)　 | Gender | 1. Male　　2. Female
 |
| Address | Postal code:　　　　- |
| Telephone number | (　　　　）　　　-　　　　1. Home　2. Company　3. Mobile phone |
| Email address |  |
| Personal identification document (any one of the documents) | 1. Driver’s license (copy)　2. Health insurance card (copy)　3. Basic resident register card (copy)　4. Passport (copy)　5. Alien registration certification (copy) |

2. Matters related to the principal’s representative

\*If the principal’s making the request is a representative, please fill in the matters below.

|  |  |
| --- | --- |
| Name |  |
| Signature | 　　　　　　　　　　　　　　　　　　　　　　　　　　　 |
| Date of birth | (Month) (Date) , (Year)　 | Gender | 1. Male　　2. Female |
| Address | Postal code:　　　　- |
| Telephone number |  (　　　　)　　　-　　　　1. Home　2. Company　3. Mobile phone |
| Email address |  |
| Personal identification document (any one of the documents) | 1. Driver’s license (copy)　2. Health insurance card (copy)　3. Basic resident register card (copy)　4. Passport (copy)　5. Alien registration certification (copy) |
| Relationship with the principal | 1. Person delegated by the principal　2. Legal representative (e.g., person with parental authority) |
| Delegation | 1. Letter of proxy from the principal (with the principal’s signature)　2. Copy of family register or its abridged transcript　3. Certificate of registered matters　4. Other (　　　　　　　　　　　) |

3. Matters related to the request

|  |  |
| --- | --- |
| Content of the request\*Please enter a check mark for the items that apply. | □ Notification of the utilization purpose□ Disclosure of retained personal data (Item:　　　　　　　　　　　　　　　　　　　　　　　　)□ Disclosure of records of provision to third parties (Record of time of provision or time of receipt/Provided personal data/Provision period:)□ Correction (Before correction:　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 After correction:　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　)□ Addition (Item to be added, and its content:　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　)□ Deletion (Item to be deleted, and its content:　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　)□ Cessation of use□ Elimination□ Cessation of provision to third parties (Names or appellations of the third parties to which provision is to be ceased:　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　) |
| Reason for the request\*Please enter a check mark for the items that apply and fill in the Explanation section. | If the request is for notification of the utilization purpose, or for disclosure of retained personal data or records of provision to third parties: No selection is required.If the request is for correction, addition or deletion:□ There is an error in retained personal data.If the request is for utilization cease or elimination:□ Retained personal data is being handled for something other than the utilization purpose. □ Retained personal data is being used inappropriately.□ Retained personal data was obtained fraudulently. □ Use is no longer required. □ The leakage etc. stipulated in rules of the Personal Information Protection Commission occurred. □ There is a possibility the principal's rights or legitimate interests will be violated.If the request is for discontinuation of provision to third parties:□ Personal data was provided to a third party without the principal's consent.□ Personal data was provided to a third party in a foreign country without the principal's consent.  □ Use is no longer required.  □The leakage etc. stipulated in rules of the Personal Information Protection Commission occurred.  □ There is a possibility that the principal's rights or legitimate interests will be violated.  |
| Explanation section　\*Please fill this in as specifically as possible. |
| Information for data identification \*Please fill these in within the scope that you are aware of. | 1. Names of products or services related to the subject personal information(　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　)2. Items of the subject personal information (in the case of a request for disclosure)(　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　) |
| Method of disclosure\* Select a disclosure method and fill in the Recipient field. | □ Provision of a digital record via email (Recipient: )□ Provision of a document by post (Recipient: )  |