

Application to Request Disclosure of Records of Provision to a Third Party

Application submission date _____ / _____ / _____

Name and address of applicant

Please circle either item below	Name	Address
1. Applicant 2. Representative of applicant	Seal or signature	—

Regarding identifying information from our stored personal information database:

※We will use the information you provide to confirm whether we have stored your personal information in our database. Please provide the following information listed below.

1. Your name	2. Your address —
3. Your phone number	4. Your e-mail address

Please select the documents you wish to disclose.

1. Third party provision records when we provide personal data to third parties	2. Third party provision records when we receive personal data from third parties
(Matters concerning the identification of records provided to a third party)	
※Please specify as specifically as possible by content, timing, etc.	

Please select your preferred method of response (Please circle one of the options below)

1. Mail	2. E-mail
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※If you chose "Mail", please enclose an unused envelope with 800 yen worth of postage stamps attached.

Documents required to be attached with the application

【When the application is submitted by the person in question】
 A copy of your driver's license, health insurance card, or other papers issued by a public entity

【When the application is submitted by a person representing you on your behalf】

1. A copy of your driver's license, health insurance card, or other papers issued by public entity
2. A copy of your representative's driver's license, health insurance card, or other papers issued by public entity
3. A letter of attorney from you to the representative, and a seal certification of your seal used for the letter of attorney
4. When the application is submitted by a minor, or the legal representative of an adult guardian, we require item number 3 together with a copy of the authenticated proof of the identity of a legal representative

Thank you.