Important Points on Request for Correction, Addition or Deletion of Retained Personal Data

- 1. When any correction, etc., is made to the retained personal data as requested, the Company will, in principle, send notification to the person identified by the personal data by postal mail. (When a statutory representative is the requester, the notice will be sent to the address of the statutory representative as stated in the request form).
- 2. It may take a long time to deliver a confirmation notice upon request due to the identity verification procedure relating to retained personal data. Your understanding in this matter is appreciated.
- 3. When the request is sent by a representative and yet the authority of representation cannot be verified, the person himself/herself may be contacted to verify the authority.
- 4. When it is found as a result of verification that the Company does not retain the requested personal data, the Company will notify you of such fact.
- 5. When the retained personal data is in accord with fact, special procedures are prescribed under laws and regulation, or correction, etc., is not necessary in consideration of the utilization purpose, the Company may not be able to respond to your request. In this case, the Company will notify you of such fact.
- 6. In cases in which the designated request form contains deficiencies, the Company may not be able to respond to your request.
- 7. The Company will utilize personal information provided through the request procedure within the scope necessary to follow the procedure for making the correction, etc., including verification of the identity of the person, examination of retained personal data, and communication with the person or his/her representative. The Company will not return the request form.

End of Document

Request for Correction, Addition or Deletion of Retained Personal Data

(Month / Date / Year)

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[group / branch / office / division])

I hereby reque	st that you	[□ correct □ add	□ delete]	the retained	personal data	as stated below:

Thereby request intal you Correct aud delete the retained personal data as stated below.					
Address:					
[furigana]: seal					
Name:					
Seal Name: Seal Name: Telephone number (home / mobile / office / other):					
Relationship with the requester: □ Self □ Statutory representative □ Representative under entrustment					
When the requester is a statutory representative or representative under entrustment, please make sure to	antan tha				
address, name and telephone number of the person identified by personal data.	enter the				
1.11					
p p p p p p p p p p					
Telephone number (home / mobile / office / other):					
Name:					
Recipient of confirmation notice upon request (select only when the requester is a representative under					
entrustment □ Person identified by personal data □ Representative					
[Necessary documents, etc.]					
When the requester is the One of the following documents:					
person identified by Resident register (original) Driver's license (copy) Passport (copy)	\square Health				
personal data insurance card (copy) Other certificate, etc., issued by a public organization of the control of the control of the certificate of the control of the certificate of the	insurance card (copy) Other certificate, etc., issued by a public organization ()				
	(1) Document evidencing the authority of statutory representation				
	(copy of family register / certificate of registered matters, etc.)				
	(2) One of the following documents of the statutory representative:				
(both (1) and (2) are □ Resident register (original) □ Driver's license (copy) □ Passport (copy)					
	Health insurance card (copy) □ Other certificate, etc., issued by a public				
organization ()					
When the requester is a (1) Power of attorney prepared by the person identified by personal data					
representative under (2) One of the following documents of the person identified by personal of					
entrustment (all documents ☐ Resident register (original) ☐ Driver's license (copy) ☐ Passport (copy)					
from (1) to (3) are Health insurance card (copy) \Box Other certificate, etc., issued by a public					
mandatory) organization ()					
(3) One of the following documents of the representative:					
□ Resident register (original) □ Driver's license (copy) □ Passport (copy) 🗆				
Health insurance card (copy) □ Other certificate, etc., issued by a public					
organization ()					

[Contents to be corrected / added / deleted as requested] (Please describe the contents as detailed as possible.)

[contents to be confected, added, detected as reducested] (I leave describe the contents as detailed as possible.)					
Item	Content before correction, etc. (not required in the case of addition)	Content after correction, etc. (not required in the case of deletion)			

[Information to identify retained personal data to be corrected / added / deleted]

(Please describe in as much detail as possible, to the extent that you can identify, the information that will be helpful in order for us to cross-check the retained personal data that is the subject of the request (e.g., information regarding direct mails about our products, questionnaires you filled out, etc.).)

Note) Please note that when there are deficiencies in the designated necessary matters and/or documents, the company may not be able to make a correction, etc.