

Important Points on Request for Discontinuance of Use or Deletion of Retained Personal Data

1. When the utilization of the contents of retained personal data is discontinued as requested, the Company will, in principle, send notice to the individual identified by the personal data (hereinafter, the “Individual”) 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 personal information is handled within the scope necessary for the achievement of the utilization purpose, which is specified in advance or obtained with a proper method, 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 it costs a large amount or is otherwise difficult to discontinue the use of the retained personal data, the Company may not be able to respond to your request. In this case, the Company will take necessary alternative measures to protect the rights and interests of the person. The Company will notify the person of the fact.
7. In cases in which the designated request form contains deficiencies, the Company may not be able to respond to your request.
8. The Company will utilize personal information provided through the request procedure within the scope necessary to follow the procedure for discontinuing the said use, 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 you the request form.

End of Document

Request for Discontinuance of Utilization of Retained Personal Data

(Month / Date / Year)

To: Marubeni Corporation

(Contact in charge of personal information,

[group / branch / office / division])

I hereby request that you discontinue the use of erase] the retained personal data as stated below:

Requester	Address:	
	(furigana):	seal
	Name:	
	Telephone number (home / mobile / office / other): - -	
Relationship with the requester: <input type="checkbox"/> Self <input type="checkbox"/> Statutory representative <input type="checkbox"/> Representative under entrustment		
When the requester is a statutory representative or representative under entrustment, please make sure to enter the address, name and telephone number of the person identified by personal data.		
Subject of the discontinuation of use, etc.	Address:	
	(furigana): Name:	Telephone number (home / mobile / office / other):
Recipient of confirmation notice upon request (select only when the requester is a representative under entrustment <input type="checkbox"/> Subject of the discontinuation of use, etc. <input type="checkbox"/> Representative		

[Necessary documents, etc.]

When the requester is the person identified by personal data	One of the following documents: <input type="checkbox"/> Resident register (original) <input type="checkbox"/> Driver's license (copy) <input type="checkbox"/> Passport (copy) <input type="checkbox"/> Health insurance card (copy) <input type="checkbox"/> Other certificate, etc., issued by a public organization ()
When the requester is a statutory representative of a minor or adult ward (both (1) and (2) are mandatory)	(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: <input type="checkbox"/> Resident register (original) <input type="checkbox"/> Driver's license (copy) <input type="checkbox"/> Passport (copy) <input type="checkbox"/> Health insurance card (copy) <input type="checkbox"/> Other certificate, etc., issued by a public organization ()
When the requester is a representative under entrustment (all documents from (1) to (3) are mandatory)	(1) Power of attorney prepared by the subject of the discontinuation of use, etc. (2) One of the following documents of the subject of the discontinuation of use, etc.: <input type="checkbox"/> Resident register (original) <input type="checkbox"/> Driver's license (copy) <input type="checkbox"/> Passport (copy) <input type="checkbox"/> Health insurance card (copy) <input type="checkbox"/> Other certificate, etc., issued by a public organization () (3) One of the following documents of the representative: <input type="checkbox"/> Resident register (original) <input type="checkbox"/> Driver's license (copy) <input type="checkbox"/> Passport (copy) <input type="checkbox"/> Health insurance card (copy) <input type="checkbox"/> Other certificate, etc., issued by a public organization ()

[Contents subject to discontinuance of use / erasure] (Please describe the contents in as much detail as possible.)

Item subject to discontinuance of utilization / erasure	Reason for request for discontinuance of utilization / erasure

[Information to identify retained personal data subject to discontinuance of utilization / erasure]

(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 discontinue the use of the retained personal data.