

Request for Disclosure or Other Actions Regarding Personal Information

Request date (MM/DD/YY): / /

◆Details of Requester			
Address <input type="checkbox"/> Home <input type="checkbox"/> Workplace	Zip code (* Name of company if using workplace address: _____)		
Japanese reading of name		Telephone number	
Requester	Signature/Seal	E-mail address	
◆Details of Representative if making a request by proxy			
Address <input type="checkbox"/> Home <input type="checkbox"/> Workplace	Zip code (*Name of company if using workplace address: _____)		
Japanese reading of name		Telephone number	
Representative	Signature/Seal	E-mail address	
◆ Request (Check the applicable boxes.)	<input type="checkbox"/> Notification of purpose of use <input type="checkbox"/> Disclosure <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Suspension of use <input type="checkbox"/> Erasure <input type="checkbox"/> Suspension of provision to third parties		
(If you are requesting a correction or an addition, please write the specific details below.)			
◆Documents required			
<input type="checkbox"/> A copy of the requester's driver's license or health insurance card for verification purposes. <input type="checkbox"/> For requests by proxy: a letter of proxy or other document to confirm the representative. <input type="checkbox"/> If the requester is a minor: A copy of the certificate of residence or other document to confirm the relationship between the legal representative and the requester. <input type="checkbox"/> For disclosure or notification of purpose of use requests: A self-addressed stamped envelope and enough stamps to cover the registered mail fee.			

Mailing address:

Company: Baroque Japan Limited

Corporate Governance Office, Administration Department

Address: 4-7-7 Aobadai, Meguro-ku, Tokyo 153-0042