Personal Data Disclosure Request Form

Please fill out the form below.
Additionally, we kindly ask you to present one of the following documents to verify your identity (if submitting by mail, please enclose a copy that clearly shows your current address). If the requester is not the data subject, please provide verification documents for both individuals.

・Driver's License　・Passport

※ Please ensure that any sensitive information, such as your registered domicile, is completely redacted/blacked out before submitting.

Date of Submission (YYYY/M/D):　　/　　/

1. Requester Information

Full Name	Seal/Signature
Address	Postal Code: Address (incl. street name, town, city, country): Apt / Suite / Bldg No.:
Phone Number	(　)　—

2. Request Details

Type of Request		☐Notification of Purpose of Use　☐ Disclosure　☐Cessation of Use　☐ Other（　　）
Timing and Method of Data Provision		(Please provide as much detail as possible (e.g., when and how you provided your information), as this is necessary for us to locate your personal data)
Target Individual	Relationship to the Data Subject	☐ Self (Data Subject)　☐ Other than Self (If selected, please also fill out the Target Individual section below) **※ If you are requesting the disclosure of personal data belonging to someone else, a Letter of Authorization signed by the data subject is required.**
	Full Name	
	Address	Postal Code: Address (incl. street name, town, city, country): Apt / Suite / Bldg No.:
	Phone Number	(　)　—

3. Comments

This request form and the submitted identity verification documents will be used solely for the purposes of processing your disclosure request and verifying your identity. We will not use this information for any other purpose.

[For Verification Check]

☐ Identity Verified

☐ Data Subject (Self) ☐ Authorized Representative

☐ Driver's License ☐ Passport ☐ Other

Letter of Authorization

(attached to the Disclosure Request Form)

＜Data Subject (Self)＞

Full Name	Seal/Signature
Address	Postal Code: Address (incl. street name, town, city, country): Apt / Suite / Bldg No.:
Phone Number	(　) 　—

I hereby appoint the individual named below as my authorized representative and delegate to them the authority to act on my behalf regarding my personal data. This includes requesting notifications of the purpose of use, disclosure, corrections, additions, deletions, cessation of use, erasure, and the cessation of provision of my data to third parties.

＜Authorized Representative＞

Full Name	Seal/Signature
Address	Postal Code: Address (incl. street name, town, city, country): Apt / Suite / Bldg No.:
Phone Number	(　) 　—