Request Form for Disclosure of Retained Personal Data

Year   /Month   /Day

To OYO Corporation

Pursuant to Articles 28 to 30 of the Personal Information Protection Law, I request disclosure, etc. of Personal Data (Retained Personal Data) held by you as follows.

Details of Request	
Requester (Relationship with the requester)	☐Self ☐Statutory representative (☐ parental authority, ☐Guardian (adult/minor), ☐ Curator, ☐Assistant) ☐ Voluntary representative (Relationship with Requester:)
Address, Name, Phone number	(Zip code) Address: (furigana) Name: Phone number:
Address, Name, Phone number of Representative ※ Enter only if requested by a statutory representative or voluntary representative	(Zip code) Address: (furigana) Name: Phone number:
Content of the request	☐Disclose ☐Correction, etc. ☐ Suspension of use
Reason for request	
Enclosed Documents (Confirmation Documents), etc.	
Identification document (one copy of shown on the right)	☐Driver's license, ☐Passport, ☐Pension book, ☐Healthcare Insured card
Identification Documents of Representative (*One copy of shown on the right only in the case of a request by a representative)	☐Driver's license, ☐Passport, ☐Pension book, ☐Healthcare Insured card
Confirmation Document of Representative Qualification (*One original of shown on the right only in the case of request by a representative)	☐Copy/abstract of family register (Issued within 3 months) ☐Certification of the registered items of the guardian of an adult (Issued within 3 months) ☐The power of attorney and a certificate of registered seal (Issued within 3 months)
Service Charge	☐ Yes (* only in case of disclosure request) ☐No

※ Personal information filled out in this Form is used only to respond to inquiries, including customer identification, data identification, identification confirmation of customer and results notification.

(OYO Corporation Comments area)

Identification document	☐Yes ☐No	
Identification Documents of representative ☐Yes ☐No		Confirmation Documents of representative Qualification ☐Yes ☐No
Receptionist	Date of reception: Receiving department Contact Name :	
Receipt of Service charges	☐ Yes (* only in case of disclosure request) ☐ No	