

Personal Data Disclosure Request Form

Recipient 〒530-0017
8-1 Kakudacho, Kita-ku, Osaka City, OSAKA UMEDA TWIN TOWERS NORTH 19th Floor"

(R e q u e s t e r a t i v e)	Address	
	(Furigana)	
	Name	
	Phone number	

I request the disclosure of my personal data held by your company.

1	Request Date	Year	Month	Day	
2	Personal data subject to disclosure requests				
	Requested items	<input type="checkbox"/> Notification of the purpose of the use <input type="checkbox"/> Disclosure <input type="checkbox"/> Addition <input type="checkbox"/> Correction <input type="checkbox"/> Removal <input type="checkbox"/> Suspension of use <input type="checkbox"/> Suspension of the third-party provision <input type="checkbox"/> Deletion <input type="checkbox"/> Disclosure of records of third-party provision			
	Personal information				
	Purpose of the request				
	Method of disclosure	<input type="checkbox"/> Send the response letter to the registered address of the individual. <input type="checkbox"/> Send the response letter via fax to the registered fax number of the individual. <input type="checkbox"/> Send the response letter via email to the registered email address of the individual. <input type="checkbox"/> Call the registered phone number of the individual and provide the response verbally. <input type="checkbox"/> Request by a representative ※To prove the capacity as a representative in this case, the following documents are required: ・ For requests made by a legal representative of a minor: A copy of the family register or resident certificate, and personal identification documents of the person visiting the office. ・ For requests made by a guardian of an adult under guardianship: A certificate of registration concerning the adult guardianship and personal identification documents of the person visiting the office. ・ For requests made by a person authorized through a power of attorney from the individual: A power of attorney, personal identification documents of the individual concerned, and personal identification documents of the person visiting the office. Personal identification documents must be presented in their original form for verification. If submitting copies, multiple types of identification documents may be required.			
3	Disclosure Requester	<input type="checkbox"/> The individ <input type="checkbox"/> Legal guardian <input type="checkbox"/> Authorized representative			
	Public documents for verifying the identity of the requestor	<input type="checkbox"/> Driver license <input type="checkbox"/> Passport <input type="checkbox"/> My number card (Both sides) <input type="checkbox"/> Health insurance card <input type="checkbox"/> Other public documents that can verify the identity (_____)			
	Public documents for verifying the identity of the representative	<input type="checkbox"/> Driver license <input type="checkbox"/> Passport <input type="checkbox"/> My number card (Both Sides) <input type="checkbox"/> Health insurance card <input type="checkbox"/> Other public documents that can verify the identity (_____)			
	Situation of the Individual ※In the case of a request made by a legal representative	<input type="checkbox"/> Minor Date of birth Year Month Day <input type="checkbox"/> Adult guardian			
		Name of the individual			
		Registered Address			
	Documents verifying the adult guardian (or legal guardian) status	<input type="checkbox"/> Certified copy of the family register <input type="checkbox"/> Resident Certificate <input type="checkbox"/> Registration certificate as stipulated in Article 10 of the Act on the Registration of Guardianship, etc. <input type="checkbox"/> Other (_____)			
Documents submitted by a representative under power of attorney	<input type="checkbox"/> 「Delegation of authority to receive the results of disclosure, etc.」 A power of attorney stating the above.				

※The results of the response will be notified to the registered address of the individual.

Like Staffing Co., Ltd. Fill-in Section	Completion Date Year Month Date	Person in charge	Remarks
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