Application to Request Correction of Retained Personal Data

Application submission date

Name and address of a	pplicant			
Please circle either item below	Name		Address	
1. Applicant 2. Representative of applicant	Seal or signature	_		
*We will use the info personal	information from our store ormation you provide to c abase. Please provide the fo	onfirm whether	we have stored your	
1. Your name	2. Your ad	dress		
3. Your phone number	er 4. Your e-1	4. Your e-mail address		
5. Reason(s) why you	ı believe we hold your pers	onal data (please	specify campaign name, etc.)	
Please select your preferred method of response. (Please circle one of the options below)				
1. Mail	•	2. E-mail	•	
**If you chose "Mail", please enclose an unused envelope with 800 yen worth of postage stamps attached.				
correction, and the rea	ection (addition or deletion son for the correction %I de us with the correction co	Please circle the i	item(s) you request to	
Items	Corrected Inform	nation	The Reason for Correction	
1. Name				
2. Address				

3. Phone number	
4 · E-mail address	
5. Date of birth	
6. Others	

Documents required to be attached with the application

[When the application is submitted by the person in question]

A copy of your driver's license, health insurance card, or other papers issued by a public entity

When the application is submitted by a person representing you on your behalf

- 1. A copy of your driver's license, health insurance card, or other papers issued by public entity
- 2. A copy of your representative's driver's license, health insurance card, or other papers issued by public entity
- 3. A letter of attorney from you to the representative, and a seal certification of your seal used for the letter of attorney
- 4. When the application is submitted by a minor, or the legal representative of an adult guardian, we require item number 3 together with a copy of the authenticated proof of the identity of a legal representative

Thank you.