

Shinnihon Printing Inc.
 To: The Customer Service Representative

Request for the Disclosure of Personal Information, etc.

I hereby request for the disclosure of my personal information to be handled as follows.

To be filled in by the requestor

Date of request	(Day) (Month) (Year)
Furigana	
Name	(Seal)
Address	Postal code:
Telephone number	
Requestor	Self / Agent (Legal representative / Appointed agent)
Contents of request (Please insert a check mark in the relevant box)	<input type="checkbox"/> Notification on the purposes of use <input type="checkbox"/> Disclosure <input type="checkbox"/> Amendment <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 party
Reason for disclosure, etc.	
Contents of request	

To be filled in by SNP

Received by	Person-in-charge: (Seal)
	Date received: (Day) (Month) (Year)
Verification of documents	A: <input type="checkbox"/> Request on the Disclosure of Personal Information, etc. B: <input type="checkbox"/> Driving license <input type="checkbox"/> Health insurance certificate <input type="checkbox"/> Passport <input type="checkbox"/> Resident's Registration Card <input type="checkbox"/> Resident's Card (Original) <input type="checkbox"/> Alien Registration Card C: <input type="checkbox"/> Driver's license <input type="checkbox"/> Health insurance certificate <input type="checkbox"/> Passport <input type="checkbox"/> Resident's Registration Card (with photo) <input type="checkbox"/> Resident's Card (original)

	<input type="checkbox"/> Alien Registration Card D: <input type="checkbox"/> Family register (transcript) <input type="checkbox"/> Family register (copy) E: <input type="checkbox"/> Letter of authorization and <input type="checkbox"/> Name seal certificate Fees
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Verification of documents = Self: A + B + Fees

Legal representative: A + B + C + D + Fees

Appointed agent: A + B + C + E + Fees