To: ARKRAY, Inc., Group Support Division, General Affairs Team

Personal Information Disclosure Request

I hereby submit the following request concerning the personal information held by your company which is subject to disclosure.

Additionally, I hereby consent to the use of the personal information contained in this request as well as other documents submitted for the purpose of identity verification by ARKRAY for the purposes of handling requests for notifications of purpose of use and identity verification.

[Requestor name and signature]

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1. Contents of request

Date of request	(YYYY/MM/DD):	
Contents of request	□ Notice of purpose of use □ Disclosure □ Amendment of contents □ Addition □ Discontinuance of sharing personal information with third parties	□ Deletion □ Suspension of use □ Erasure
Subject personal information	Period in which personal information was provided	
	Method of provision (e.g., questionnaire sheet, etc.)	
	Contents of provided information	
	Remarks/Other	
	*Please fill in as specifically as possible	
Reason for request and specifics of contents to be amended, etc.	□ Reason for request* *E.g.(in the case of a request for a "notification of purpose of use"): "I am receiving direct mail from ARKRAY, and I want to check if that was included in the purpose of use I was notified of."	

	□ In the case of requesting amendments, additions or deletions, please fill out the following fields as well: <Amendment/Addition/Deletion>		
		Contents prior to amendment/addition/deletion	Contents to appear after amendment/addition/deletion
	Amendment		
	Addition		
	Deletion		

2. Requester information

Name	
Address	Postal code
Telephone	
Documents for the purpose of requester identity verification*1	□ Driver's license □ Passport □ Health insurance card □ Other ID ( )

3.Representative information (the following should be filled out only when this request is made by a representative)*2

Name	
Address	Postal code
Telephone	
Documents for the purpose of representative identity verification*1	□ Driver's license □ Passport □ Health insurance card □ Other ID ( )
Documents for the purpose certifying the authority of the representative	□ Power of Attorney from the requester Please include the requester's signature on the Power of Attorney. <In the case of a legal representative> □ Please include a copy of a government-issued document which proves the requester's identification

*1 Please ensure that the documents for verification are attached.Requests with omissions or omitted attachments cannot be filled.

*2 If the requester is a minor, please ensure that their request is made through a representative.