

No. \_\_\_\_\_

To Hibino Corporation

**Request form for personal information disclosure**

Date \_\_\_\_\_

I make the following request regarding “Personal information subject to disclosure” in accordance with “JISQ15001 (JIS Standard for Personal Information Protection).”

Applicant	Address	
	Name	Telephone number
	Classification of request <input type="checkbox"/> The person himself/herself <input type="checkbox"/> Legal representative <input type="checkbox"/> Authorized agent	
Person who is the subject of disclosure  (Only enter if the applicant is an agent or representative)	Address	
	Name	Telephone number
Details of request  (Please place a check against the relevant items)	<input type="checkbox"/> Notification of the purpose of use	
	<input type="checkbox"/> Disclosure (Item _____)	
	<input type="checkbox"/> Discontinuation of use	
	<input type="checkbox"/> Erasure	
	<input type="checkbox"/> Correction (Before correction _____) (After correction _____)	
	<input type="checkbox"/> Addition (Item and details _____)	
	<input type="checkbox"/> Deletion (Item and details _____)	
	<input type="checkbox"/> Discontinuation of provision to a third party (Name of the third party to which provision is to be discontinued _____)	
Reason for request (Please enter specific details)		
Specific details of the relevant “retained personal data”		

For internal use \_\_\_\_\_

Person who received the request :	Response completion date: Date	Person in charge
	Details of response:	
Notes:		Date