**Request for Disclosure of Retained Personal Data**

Date of request: (Month) (Date) , (Year)

To: ALPS ALPINE CO., LTD.

Based on the Act on the Protection of Personal Information, I hereby make a request as follows concerning the retained personal data.

1. Matters related to the principal making the request

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Signature |  | | |
| Date of birth | (Month) (Date) , (Year) | Gender | 1. Male　　2. Female |
| Address | Postal code:　　　　- | | |
| Telephone number | (　　　　）　　　-　　　　1. Home　2. Company　3. Mobile phone | | |
| Email address |  | | |
| Personal identification document (any one of the documents) | 1. Driver’s license (copy)　2. Health insurance card (copy)  3. Basic resident register card (copy)　4. Passport (copy)  5. Alien registration certification (copy) | | |

2. Matters related to the principal’s representative

\*If the principal’s making the request is a representative, please fill in the matters below.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Signature |  | | |
| Date of birth | (Month) (Date) , (Year) | Gender | 1. Male　　2. Female |
| Address | Postal code:　　　　- | | |
| Telephone number | (　　　　)　　　-　　　　1. Home　2. Company　3. Mobile phone | | |
| Email address |  | | |
| Personal identification document (any one of the documents) | 1. Driver’s license (copy)　2. Health insurance card (copy)  3. Basic resident register card (copy)　4. Passport (copy)  5. Alien registration certification (copy) | | |
| Relationship with the principal | 1. Person delegated by the principal  2. Legal representative (e.g., person with parental authority) | | |
| Delegation | 1. Letter of proxy from the principal (with the principal’s signature)　2. Copy of family register or its abridged transcript　3. Certificate of registered matters　4. Other (　　　　　　　　　　　) | | |

3. Matters related to the request

|  |  |
| --- | --- |
| Content of the request  \*Please enter a check mark for the items that apply. | □ Notification of the utilization purpose  □ Disclosure of retained personal data (Item:  　)  □ Disclosure of records of provision to third parties (Record of time of provision or time of receipt/Provided personal data/Provision period:  )  □ Correction (Before correction:    　　　　 After correction:  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　)  □ Addition (Item to be added, and its content:  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　)  □ Deletion (Item to be deleted, and its content:  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　)  □ Cessation of use  □ Elimination  □ Cessation of provision to third parties (Names or appellations of the third parties to which provision is to be ceased:  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　) |
| Reason for the request  \*Please enter a check mark for the items that apply and fill in the Explanation section. | If the request is for notification of the utilization purpose, or for disclosure of retained personal data or records of provision to third parties:  No selection is required.  If the request is for correction, addition or deletion:  □ There is an error in retained personal data.  If the request is for utilization cease or elimination:  □ Retained personal data is being handled for something other than the utilization purpose.  □ Retained personal data is being used inappropriately.  □ Retained personal data was obtained fraudulently.  □ Use is no longer required.  □ The leakage etc. stipulated in rules of the Personal Information Protection Commission occurred.  □ There is a possibility the principal's rights or legitimate interests will be violated.  If the request is for discontinuation of provision to third parties:  □ Personal data was provided to a third party without the principal's consent.  □ Personal data was provided to a third party in a foreign country without the principal's consent.  □ Use is no longer required.  □The leakage etc. stipulated in rules of the Personal Information Protection Commission occurred.  □ There is a possibility that the principal's rights or legitimate interests will be violated. |
| Explanation section　\*Please fill this in as specifically as possible. |
| Information for data identification  \*Please fill these in within the scope that you are aware of. | 1. Names of products or services related to the subject personal information  (  　　　　　　　　　　　　　　　　　　　　　　　　　　　)  2. Items of the subject personal information (in the case of a request for disclosure)  (  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　) |
| Method of disclosure  \* Select a disclosure method and fill in the Recipient field. | □ Provision of a digital record via email  (Recipient: )  □ Provision of a document by post  (Recipient: ) |