Application for Disclosure, etc. of Your Personal Information

Date　　　／　　／

TO EQIQ K.K.

I will request disclosure or deletion of my personal information at your company with designated documents.

I agree that you will use my personal information contained in this application and the documents submitted for identity verification to respond to my request and to verify my identity.

＜Please tick off and fill out the following items within the thick frame＞

Applicant Information	Kana	
	Name	
	Address	〒　　　-　　　　　　　　　　　Tel　　-　　-
	Email address	
	Submitted Copied IDs (one of the followings)	☐ Driver's license　　☐ Passport　　☐ Health insurance card ☐ Pension handbook　＊ For the legal representative of a data subject（in addition to the above ID）：☐ A power of attorney and ID of the representative such as a copy of the family register listed in Privacy Policy under EQIQ webpage (https://www.eqiq-group.com/jp-privacy-policy)

＜Please tick off and fill out the following items on personal information to be disclosed or deleted＞

☐	（1） Personal information of the applicant：If you are the applicant, no need to fill out the followings		
☐	（2） Personal information of a data subject: Please fill out the followings		
Data subject for which request is made on	Kana		
	Name		
	Address	〒　　-　　　　　　　　　　Tel　　-　　-	
	Relation with data subject	(Please tick off either of the following) ☐1． a legal representative of a minor or an adult ward ☐2． an agent delegated by a data subject	

＜For (1)Please tick off your answer on the followings. For (2) Please fill out the information＞

（1） Purpose of the request for retained personal data ☐Understand purpose of use☐Disclosure☐Correction・Addition・Deletion☐Stop usage☐Stop providing data to the 3rd party （2） Description of retained personal data and other matters sufficient to identify retained personal data [＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿]

*We will delete the personal data we received on the application promptly upon using them within the purpose of use.

---For use by EQIQ K.K. --

ID verification （☐ Driver's license /☐ Passport /☐Health insurance card）

Representative ID verification （☐ Proxy/☐ ID such as a copy of the family register）

Person in charge of personal data＿＿＿＿＿＿＿＿＿＿＿＿　DPO＿＿＿＿＿＿＿＿＿＿＿＿＿

Request received： 　　／　　／　　　　　Reception number：