

Request Form Regarding Disclosure, Etc., of Personal Data

Date: _____

Uchida Bldg. 1F, 1-24-16 Takadanobaba, Shinjuku-ku, Tokyo 169-0075

Attn.: SkillUpJapan Corporation; Personal Information Inquiries

The requesting party hereby makes the following request, based on the “Law Regarding the Protection of Personal Information”

Requesting party (Individual whose personal information is subject to the request)	Address: 〒 -	
	Name: _____ Home phone: () - _____ e-mail address: _____	
	Documents submitted: <input type="checkbox"/> Copy of Certification of items in the Certificate of Residence <input type="checkbox"/> Copy of Health Insurance Card <input type="checkbox"/> Copy of Passport (choose 1)	
Representative (When the request is being made by a proxy)	Address: 〒 -	
	Name: _____ Home phone: () - _____ e-mail address: _____	
	Documents submitted: <input type="checkbox"/> Copy of Certification of items in the Certificate of Residence <input type="checkbox"/> Copy of Health Insurance Card <input type="checkbox"/> Copy of Passport (choose 1) <input type="checkbox"/> Letter of Proxy and Original Certificate of Registration for the seal appearing on the letter of proxy	
Information required to identify the personal data subject to request for disclosure or notification	Please enter specific details, such as the SkillUpJapan service in which your personal information is used, and the period during which your personal information was provided to SkillUpJapan. E.g.: Personal information (name, address, etc.) included in an inquiry regarding _____, dated around (month) 2000.	
Type of request	<input type="checkbox"/> (1) Disclosure of personal data <input type="checkbox"/> (2) Notification of purpose of use for personal data <input type="checkbox"/> (3) Amendment to personal data <input type="checkbox"/> (4) Addition to personal data <input type="checkbox"/> (5) Deletion of personal data <input type="checkbox"/> (6) Termination of use of personal data <input type="checkbox"/> (7) Termination of provision of personal data to third parties <input type="checkbox"/> (8) Other (_____)	
Reason for request (Not required for types (1) and (2) above)	Type of request	Reason for request
	(3), (4), or (5)	<input type="checkbox"/> Data is not true <input type="checkbox"/> Other

	(6) or (7)	<input type="checkbox"/> Data was obtained improperly <input type="checkbox"/> Data was used for purposes other than those indicated <input type="checkbox"/> Data was provided to a third party without the individual's consent <input type="checkbox"/> Other
	(8)	
<p style="text-align: center;">Details of request</p> <p>(Enter only for types (3), (4), or (5) above)</p>	(3) Amendment to personal data [Before amendment] [After amendment]	
	(4) Addition to personal data [Item and details to be added]	
	⑤ Deletion of personal data [Item and details to be deleted]	

*1: Please enter a checkmark in the appropriate boxes ().

*2: Please enclose this request form along with the specified documents and 1,000 yen in stamps for handling fees (only in the case of request types (1) and (2)), and forward by simple registered mail. Please write on the envelope, in red: "Documents re: request for disclosure, etc."

*3: The information entered above and the documents submitted will only be used to confirm the identity of the requestor, and will not be disclosed or used for any purpose other than the handling of the request in question.