

Web I Laboratories, Inc.

To: Management Department

“Request Form for Disclosure, etc. of Personal Information”

I hereby request disclosure, etc. of personal information subject to disclosure held by your company. (Among the retained personal data stipulated in the “Act on the Protection of Personal Information” (Act No. 57 of 2003), this data does not limit the period for which our company retains the relevant personal information and includes personal information of the deceased. For this reason, we adopt a wider scope of request for disclosure, etc., than that of retained personal data in law.)

1. Matters concerning the subject of the request for disclosure, etc. (If the request is made by the subject himself/herself, this will be the destination of disclosure, etc.)

Type of request (Please check the box)	<input type="checkbox"/> Notification of purpose of use <input type="checkbox"/> Disclosure of personal information <input type="checkbox"/> Correction, addition, or deletion of personal information <input type="checkbox"/> Suspension of using personal information <input type="checkbox"/> Deletion of personal information <input type="checkbox"/> Suspension of providing personal information to third parties <input type="checkbox"/> Disclosure of records of provision to third parties	
Name		
Address	Postal code:	
Phone number		
E-mail address		
Identity verification items (One type for each of A and B)*	A	<input type="checkbox"/> Original copy of certificate of residence <input type="checkbox"/> Original copy of alien registration card
	B	<input type="checkbox"/> Copy of driver's license <input type="checkbox"/> Copy of passport <input type="checkbox"/> Copy of health insurance card <input type="checkbox"/> Copy of pension handbook <input type="checkbox"/> Copy of certificate of alien registration

* For disclosure requests from residents outside Japan, identity verification documents will be checked within the scope of the personal information provided.

2. Matters concerning personal information for which disclosure is requested

Types and contents of personal information (Multiple selections are allowed) * Please fill in the specific details as well.	<input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone number <input type="checkbox"/> E-mail address <input type="checkbox"/> Others	
When and how the personal information was registered in the subject service, user ID, etc.	Date (Year/Month)	/
	Method	<input type="checkbox"/> Web <input type="checkbox"/> Telephone <input type="checkbox"/> Documents (postal mail, fax) <input type="checkbox"/> Others
	ID etc.	
Reasons for the request * Please fill in the details.		
Certification document to verify the relationship with the subject (any one or more types) * Not necessary if it is the same information as 1.		

3. Matters concerning representative (Please fill in if the request is made by a representative. This will be the destination of disclosure, etc.)

Name		
Address	Postal code:	
Phone number		
E-mail address		
Verification items for representative (One type for each of A to D)*	A	<input type="checkbox"/> Power of attorney prescribed by our company
	B	<input type="checkbox"/> Seal registration certificate of the subject person used to create the power of attorney
	C	<input type="checkbox"/> Original copy of certificate of residence <input type="checkbox"/> Original copy of alien registration card
	D	<input type="checkbox"/> Copy of driver's license <input type="checkbox"/> Copy of passport <input type="checkbox"/> Copy of health insurance card <input type="checkbox"/> Copy of pension handbook <input type="checkbox"/> Copy of certificate of alien registration

* For disclosure requests from residents outside Japan, identity verification documents will be checked within the scope of the personal information provided.

4. Notes on request

- Please specify the subject service of your request correctly. Please note that if there is an error in your specification, we may respond to the effect that the relevant personal information does not exist, even if it is held by our service other than the one you have specified, as a matter of convenience of our research.
- Regarding requests for multiple services, we apologize for the inconvenience, but please submit one request form for each of the subject services. As for the verification documents, one copy of each is sufficient.
- When submitting a request form, please send the verification documents selected in 1 to 3 to the address specified by us by postal mail, e-mail or any other method of response that you prefer. We will respond or process according to the requested method. In addition, please note that even if any accidents such as loss should occur before arrival at our company, we will not be responsible for them.
- Regarding the “original copy of certificate of residence” and “original copy of alien registration card” among the verification documents, please send those documents created within one month prior to this request.
- If there are any deficiencies in the verification documents, we may ask you to resubmit them.
- For the implementation of measures related to this request, we will charge the prescribed fee pursuant to the provision of Article 30 of the “Act on the Protection of Personal Information”. We will contact you regarding the method of payment after we have validly accepted your request form.
- Personal information that is newly acquired in connection with this request shall be handled only to the extent necessary for the implementation of measures related to this request. The submitted documents will be retained for six months after the implementation of measures related to this request, after which they will be disposed of.

[Columns for company use]

Reception number / Department	Receipt of request form	Verification of identity documents	Receipt of fees	Response (Disclosure / Non-disclosure)	Dispatch of notification