

## Request for Disclosure of Retained Personal Data

Date of acceptance(YYYY/MM/DD) :

Share Design Co. Ltd.

Regarding the disclosure of retained personal data, etc., we request as follows.

Invoice details		<input type="checkbox"/> Notification of Purpose of Use <input type="checkbox"/> Disclosure <input type="checkbox"/> Disclosure of Third Party Provided Records (Fee charged) Method of disclosure: <input type="checkbox"/> Provision of online records by sending attachments via e-mail <input type="checkbox"/> Delivery of paper documents <input type="checkbox"/> No designation	
		<input type="checkbox"/> Corrected (category) <input type="checkbox"/> Added (category) <input type="checkbox"/> Deleted (category)	
		<input type="checkbox"/> Discontinued Use <input type="checkbox"/> Eliminated <input type="checkbox"/> Suspension of Provision	
Requestor		<input type="checkbox"/> Yourself <input type="checkbox"/> Representative	
Yourself	フリガナ		
	Name		
	〒 (    -    ) Address Email:	TEL    -    -	
	Identification:	<input type="checkbox"/> Copy of health insurance card <input type="checkbox"/> Copy of pension notebook <input type="checkbox"/> Copy of seal registration certificate	<input type="checkbox"/> Other
Representative	フリガナ		
	Name		
	〒 (    -    ) Address Email:	TEL    -    -	
	Identification of Representative:	<input type="checkbox"/> Copy of health insurance card <input type="checkbox"/> Copy of pension notebook <input type="checkbox"/> Copy of seal registration certificate	<input type="checkbox"/> Other
	Relationship to contractor:	<input type="checkbox"/> Person with parental authority <input type="checkbox"/> Guardian of an adult	<input type="checkbox"/> Representative <input type="checkbox"/> Other
	Proxy Confirmation Document	<input type="checkbox"/> Copy of Family Registration <input type="checkbox"/> Certificate of Matters Registered as Guardian of Adult	<input type="checkbox"/> Power of attorney <input type="checkbox"/> Other
Contents of personal data held in connection with the claim (please specify as much as possible)			
Correction Addition and Deletion	Category	Content (Before correction)	Contents (After correction and addition)
Suspension of use, erasure, etc.	Reasons for Suspension of Use or Erasure or Suspension of Provision		
	-Suspension/Elimination of Use (Unauthorized Use, Unauthorized Use, Acquisition by Unauthorized Means) -Suspension of Provision (Provision to Third Parties without Consent, Provision to Third Parties in Foreign Countries without Consent) -Suspension of use, erasure, or suspension of provision (loss of the necessity of use, occurrence of a situation pertaining to securing safety, and risk of harming rights, etc.)		

※ Please fill in all the applicable items in the thick line frame with a black ballpoint pen.

※ Personal information obtained through this invoice will be used for billing procedures.

※ We will dispose of the identification document, agent confirmation document, and agent confirmation document as soon as possible after the procedure is completed.