

To: SMS Co., Ltd.

### Application for Disclosure, etc., of Personal Information

MM DD, YYYY

Please fill in the items below, attach the necessary identification documents, including representative evidence documents, if applicable, etc., and mail us at the address specified by us. Please note that the applicant is responsible for postage costs.:

Please circle the request item and state the specific details of the request (identification information and request details).					
Request item	notification of purpose of use*	disclosure*	correction	addition	delete
	disclosure of records of provision to a third party*	cease of utilization	erase	cease of provision to third party	
Identification information		Request details			

\*A fee of 500 yen is charged for each request for “notification of purpose of use,” “disclosure,” and “disclosure of records of provision to a third party. Please send the fee in the form of a money order (kogawase) for 500 yen to our company.

Principal of the request	
Name	
Address	
Birthday	YYYY, MM, DD
Tel	
Email Address	
Identification documents	Please attach either (1) or (2) below to this form and send it to us. (1) A copy of one of the following documents: Driver's license*, Passport, and my number card (2) A copy of two of the following: Health Insurance Card, Pension Book, Resident Card*, etc.

Representative, if applicable		
Name		
Address		
Tel		
Relationship with the principal	<input type="checkbox"/> voluntary agent, <input type="checkbox"/> statutory representative ( <input type="checkbox"/> parents of minor, <input type="checkbox"/> a guardian of a minor <input type="checkbox"/> guardian of adult)	
Evidence of the relationship with the principal	voluntary agent	<input type="checkbox"/> A letter of attorney (with the seal registration certificate of the principal)
	statutory representative	<input type="checkbox"/> Copy of family register <input type="checkbox"/> Certificate of residence showing relationship with the principal <input type="checkbox"/> Certificate of registered matters (guardianship of minor or adult)
Identification documents of the representative	Please attach either (1) or (2) below to this form and send it to us. (1) A copy of one of the following documents: Driver's license*, Passport, and my number card (2) A copy of two of the following: Health Insurance Card, Pension Book, Resident Card*, etc.	

\* If your driver's license or certificate of residence includes your permanent address, please black out the address after the prefecture in question before submitting the form.

The following section is for Company use \_\_\_\_\_

Reception Date		Verification of the Principal		Completion Date	
Person in charge		Verification of the representative		/	/
Note					