

Application for Notification of Purposes of Use/Disclosure/Correction, etc./Suspension of Use, etc. of "Retained Personal Data"

Purpose of Application	*Please check the purpose of your application: <input type="checkbox"/> Application for Notification of Purposes of Use <input type="checkbox"/> Application for Disclosure <input type="checkbox"/> Application for Correction, etc. <input type="checkbox"/> Application for Suspension of Use, etc.			
Applicant	*Please check: <input type="checkbox"/> Data Subject <input type="checkbox"/> Legal Representative (Relation to Data Subject: _____)			
(Furigana) Name of Applicant			Membership Number	
Address of Applicant	Zip Code [_____]			
Telephone Number	(_____) - _____	Date of Birth	_____ (Month/Date/Year)	
Application for Notification of Purposes of Use Please circle the data item(s) for which you request to notify of Purposes of Use.	Information for which the Notification of Purposes of Use is requested:			
	1. Name	2. Address	3. Sex	4. Customer Membership Number
	5. Email Address	6. Telephone Number	7. Date of Birth	8. Usage History
	9. Occupation	10. Job Position	11. Title	12. Hobby
	13. Others (Please specify.):			
Application for Disclosure Please circle the data item(s) for which you request to disclose.	1. Name	2. Address	3. Sex	4. Customer Membership Number
	5. Email Address	6. Telephone Number	7. Date of Birth	8. Usage History
	9. Occupation	10. Job Position	11. Title	12. Hobby
	13. Others (Please specify.):			
	Reasons for Application:			
Application for Correction, etc. Please fill in the data to be corrected, added or deleted: (Before correction, addition, or deletion)	Address: Zip Code [_____]			
	Telephone Number: (_____) - _____			
	Email Address: _____ @ _____			
	Others:			
(After correction, addition, or deletion)	Address: Zip Code [_____]			
	Telephone Number: (_____) - _____			
	Email Address: _____ @ _____			
	Others:			
Application for Suspension of Use, etc. Please check.	<input type="checkbox"/> Request for Suspension of Use <input type="checkbox"/> Request for Erasure <input type="checkbox"/> Request for Suspension of Provision to Third Parties <input type="checkbox"/> All Registered Information <input type="checkbox"/> Part of Registered Information (<input type="checkbox"/> Email Address <input type="checkbox"/> DM Distribution <input type="checkbox"/> Telephone Number) <input type="checkbox"/> Others (_____)			
	Reasons for Application:			

