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

If you are a legal representative, please also complete below.

Minor/Adult Ward	□Minor	□Adult Ward		
(Furigana) Name of Data Subject				embership umber
Address of Data Subject	Zip Code [1		
Telephone Number of Data Subject	() -	Date of Birth	(Month/Date/Year)

[To be completed by the Hotel group]

Identity Verification	Verified by Telephone ((Time))		(Month/Date/Year), :	Identify Verification: Completed/Not Completed
	Remarks:			
Reference Number		Date of		
		Receipt	(Month/Date/Year)	Handled
		Date of		by
		Response	(Month/Date/Year)	
Remarks				

^{*}For requesting the disclosure of retained personal data, please submit the documents stated in the "Procedures for Disclosure, etc. of Retained Personal Data," in addition to this Application Form.

^{*}The information filled in the sections above will be used for handling your application.