

Request Form for Correction(s), etc., of Personal Information

Date: _____

Please fill in the required information on this Request Form and either bring it in person or send it by postal mail to our Office for Personal Information Disclosure Requests, etc., together with the necessary identity verification documents, etc. (Postage is to be borne by the person making the request).

The items within the bold frames are mandatory fields. Please ensure all required information is provided.

SHOFU INC. Office for Personal Information Disclosure Requests, etc.
11 Fukuinekamitakamatsu-cho, Higashiyama-ku, Kyoto 605-0983

Information to identify the individual who is the subject of the request for correction, etc. (To prevent the accidental correction, etc., of other individuals' personal information, please fill in all fields within the bold frames.)	
Name	
Phonetic reading	
Date of birth	_____ YYYY ____ MM ____ DD
Address	
TEL	() — Please provide a phone number on which you can be contacted during business hours.
Customer number	Please only fill in if you know the customer number.
Identity verification method	1. Presentation of identity verification document in person at our office 2. Submission of identity verification document by postal mail
Identity verification document	1. Driver's license 2. Passport 3. Health insurance card 4. Pension handbook 5. Other

Information of the person making the request for correction, etc. (Please only fill in if the individual who is the subject of the request for correction(s), etc., and the person making the request for correction(s), etc., are different.)	
Name	
Phonetic reading	
Address	
TEL	() — Please provide a phone number on which you can be contacted during business hours.
Relationship to the individual who is the subject of the request for correction, etc.	1. Person with parental authority 2. Guardian of an adult 3. Representative 4. Other ()
Document to prove the relationship to the individual who is the subject of the request for correction, etc.	1. Certificate of Family Register 2. Certificate of Registered Information (Guardianship Registration, etc.) 3. Letter of authorization
Identity verification document of the person making the request for correction, etc.	1. Driver's license 2. Passport 3. Health insurance card 4. Pension handbook 5. Other

Desired action
(Please circle the number(s) that correspond to your desired action and specify the content of the correction, addition or deletion.)

		Item to be corrected	Content (before correction)	Content (after correction)
1	Correction(s)			

		Item for addition	Additional content
2	Addition(s)		

		Item to be deleted
3	Deletion(s)	

Personal information that is the subject of the request for correction, etc.
Please circle the number(s) from (1) to (4) that correspond to the personal information for which correction(s), etc., is requested.

- (1) Basic information (name, address, date of birth, phone number, employer, etc.)
- (2) History of transactions with our company
- (3) History of product information, etc., sent from our company
- (4) Information other than the items above

This document is used solely for the purpose of responding to the request for correction, etc., of personal information.