

Request Form for Suspension of Use, 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 suspension of use, etc. (To prevent the accidental suspension of use, 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 suspension of use, etc. (Please only fill in if the individual who is the subject of the request for suspension of use, etc., and the person making the request for suspension of use, 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 suspension of use, 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 suspension of use, 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 suspension of use, 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 provide specific details.)

■ **Please suspend the use of my personal information**

- (1) Information is being used beyond the scope necessary to achieve the purpose of use
- (2) Information was acquired through fraudulent or other unlawful means
- (3) Information is being used illegally or improperly
- (4) The need to use the personal data in question no longer exists
- (5) Leakage of personal data has occurred, etc.
- (6) There is a risk of harm to rights or legitimate interests

■ **Specific details relating to the above**

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■ **Please erase my personal information**

- (1) Information is being used beyond the scope necessary to achieve the purpose of use
- (2) Information was acquired through fraudulent or other unlawful means
- (3) Information is being used illegally or improperly
- (4) The need to use the personal data in question no longer exists
- (5) Leakage of personal data has occurred, etc.
- (6) There is a risk of harm to rights or legitimate interests

■ **Specific details relating to the above**

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■ **Please suspend provision of my personal information to third parties**

- (1) Information is being provided to third parties without consent
- (2) Information is being provided to third parties located overseas without disclosure and consent
- (3) The need to use the personal data in question no longer exists
- (4) Leakage of personal data has occurred, etc.
- (5) There is a risk of harm to rights or legitimate interests

■ **Specific details relating to the above**

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