

Personal Information Disclosure Request Form

(Date) _____

HIMARAYA Co., Ltd.
Legal & Compliance Team

Name _____

Address _____

Phone _____

The following is a request for disclosure of personal information held by your company in accordance with the Personal Information Protection Law.

1 Please describe specifically the retained personal information for which you are requesting disclosure. (Name, Address, Telephone number, etc.)

2 Method of conducting disclosure

Due to the need to strictly handle identity verification, disclosure is limited to disclosure by mail (general registered mail) only.

3 Commission

Commission (520 yen per case) Please enclose postage stamps for the amount.	Date of receipt	(HIMARAYA use column)	Recipient	(HIMARAYA use column)	(Request authorization seal)
---	-----------------	-----------------------	-----------	-----------------------	------------------------------

4 Identification, etc.

Please check the box below and send the required documents without omission.

In case of the person in question

a. Documents verifying the claimant's identity (with the claimant's name and current address)

Driver's license...① Health insurance card...② Basic resident register card...③
 Pension book...④ Passport...⑤ Residence card, special permanent resident certificate, or alien registration certificate deemed as these documents...⑥
 Please send us a copy of any of (1) through (5). In case of (6), photocopies are not acceptable.
 (*Original copy within 3 months)

In the case of a legal representative (A-1, A-2)

Legal representatives (minors) Legal representative (adult interviewee)

a. Documents verifying the claimant's identity (with the claimant's name and current address)

Driver's license...① Health insurance card...② Basic resident register card...③
 Pension book...④ Passport...⑤ Residence card, special permanent resident certificate, or alien registration certificate deemed as these documents...⑥
 Please send us a copy of any of (1) through (5). In case of (6), photocopies are not acceptable.
 (*Original copy within 3 months)

b. Situation of the person in question, etc.

(a) Status of the individual Minor (Date of birth(Month/Year) : /) Adult ward

(b) Name of the person _____

(c) Address or residence of the person _____

c. Documents confirming eligibility for claim (certified documents must be less than 3 months old)

Copy of family register (A-1: for minors) Certificate of registered matters (A-2: for adult wards)

d. Documents to verify the identity of the legal representative

Driver's license...① Health insurance card...② Basic resident register card...③
 Pension book...④ Passport...⑤ *Please send us a copy of any of (1) through (5).

In the case of a proxy by power of attorney (B-1)

a. Documents verifying the claimant's identity (with the claimant's name and current address)

Driver's license...① Health insurance card...② Basic resident register card...③
 Pension book...④ Passport...⑤ Residence card, special permanent resident certificate, or alien registration certificate deemed as these documents...⑥
 Please send us a copy of any of (1) through (5). In case of (6), photocopies are not acceptable.
 (*Original copy within 3 months)

b. Document certifying that the power of attorney has been granted (both the letter of attorney and the seal registration certificate are required)

Power of Attorney (with the claimant's personal seal) Certificate of seal impression (for the person making the request)

c. Documents to verify the identity of the authorized representative

Driver's license...① Health insurance card...② Basic resident register card...③
 Pension book...④ Passport...⑤ *Please send us a copy of any of (1) through (5).