

LATEGRA, Inc.

Personal Information Protection Section

Information Disclosure Request Form

I request the following information in accordance with the provisions of the Personal Information Protection Law.

Date of Request	(YYYY/MM/DD)
Address	〒
Name	印
Phone number	
Fax number	
Email	
Relationship with us	<input type="checkbox"/> Private customer (Name of service in use :)
	<input type="checkbox"/> Shareholder <input type="checkbox"/> Employee <input type="checkbox"/> Retiree
	<input type="checkbox"/> Others, please specify ()
Content of Request	<input type="checkbox"/> Notification of purpose of use <input type="checkbox"/> Disclosure (<input type="checkbox"/> Retained personal data <input type="checkbox"/>) <input type="checkbox"/> Content correction <input type="checkbox"/> Addition or deletion <input type="checkbox"/> Suspension or erasure of use <input type="checkbox"/> Suspension of provision to third parties
	<input type="checkbox"/> Disclosure (Records of provision to third parties)
Details of Request	

Notes

1. Please attach a copy of your driving license or other identification document (such as an ID card with your photograph affixed) as proof of your identity. If the request is being made by a representative, please also attach a document that verifies the representative's identity and a letter of attorney. After confirming your identity or that of your representative, the relevant documents will be returned together with the (Response Form) 'Information Disclosure Form'.
2. Our response will be mailed by registered mail to the address stated above.
3. The personal information provided in this request form will be used only for the purpose of our response to your request for disclosure.