

Request for Disclosure of Personal Information

In accordance with Article 29 of the Act on the Protection of Personal Information, I hereby submit the following request:
 Contents

Date of Request	year month date
Address	
Name	(Seal)
Telephone number	
FAX number	
E-mail address	
Relationship with the Company	Individual Client (Name of Purchased Product: _____) Executive or Employee of Business Client (Name of Company/Organization: _____) (Responsible Business Unit on the Company's Side: _____) Shareholder Company Employee (Employee Number: _____) Former Employee (Business Unit at the Time of Resignation: _____) Other (Please Specify: _____)
Category of Request	Notification of Purpose of Use Disclosure Correction/Supplement/Deletion Disallowing Usage or Elimination Disallowing Provision to Third Parties
Details of Request	
Reason for Request	(Reason Why the Company Possesses Personal Information)

<Notes>

1. Attach a copy of the Customer's personal identification document (health insurance card, driver's license, etc.).
2. If an appointed representative is making a request on behalf of the Customer, attach copies of appropriate identification documents for both the Customer and the representative as well as a letter of attorney.
3. When the Customer requests Notification of Purpose of Use or Disclosure, pay the applicable fee in advance in accordance with the "Payment of fee" procedure described in the Company's website and attach a copy of the document that certifies fee payment (certificate of ATM money transfer, bank passbook, etc.)
4. The Company will send its reply regarding the request to the address provided on the Customer's document for personal identification via postal mail.