

Application Form for Disclosure, etc. of Retained Personal Information

DATE (m/d/y) :

To: HPD Corporation

In accordance with the provisions of the Act on the Protection of Personal Information, those who wish to request disclosure, notification of purpose of use, correction, addition, partial deletion, suspension of use, total deletion, disclosure of records of provision to third parties or suspension of provision to third parties of their personal information should complete the required information below and send it along with identification documents by registered or specific recorded mail to the Contact Desk below. If a written response is required from us, we will send it back by ID confirmation delivery service at the expense of the requestor. Please contact us in advance to enclose postal stamps equivalent to the actual cost when sending the application documents.

Name of the Person Concerned		Date of Birth	(m / d / y)
Address	〒 -		
Telephone	Home Mobile Phone · Work Phone		
If the request is made by a proxy, please fill out below as well.			
Name of Proxy		Date of Birth	(m / d / y)
Address of Proxy	〒 -		
Telephone of Proxy	Home Mobile Phone · Work Phone		
Position of Proxy	<input type="checkbox"/> Legal Representative <input type="checkbox"/> Arbitrary Proxy <input type="checkbox"/> Other ()		
Relationship with the Person Concerned	<input type="checkbox"/> Parental Authority <input type="checkbox"/> Adult Guardian <input type="checkbox"/> Successor <input type="checkbox"/> Other ()		
Your Contact from Us			
① Phone : - - (<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work)			
② E-mail :			
Destination of Reply			
<input type="checkbox"/> Postal Mail to the Person concerned <input type="checkbox"/> Postal Mail to the Proxy			
<input type="checkbox"/> E-mail to the Person concerned <input type="checkbox"/> E-mail to the Proxy			
Request (Please write a check mark in the appropriate field and provide specific details and reasons.)			
<input type="checkbox"/> Disclosure <input type="checkbox"/> Notification of Purpose of Use <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Partial Deletion			
<input type="checkbox"/> Suspension of Use <input type="checkbox"/> Total Deletion			
<input type="checkbox"/> Disclosure of records of provision to third parties <input type="checkbox"/> Suspension of provision to third parties			
Request Details			
Reason			

<p>Identification documents of the person concerned (Please write a check mark on the enclosed documents.) A : Copy of <u>one</u> of the following (within expiration date) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Individual Number Card (Front side only) <input type="checkbox"/> Disability Certificate <input type="checkbox"/> Residence Card <input type="checkbox"/> Special Permanent Resident Certificate B : Any <u>two</u> of the following, if you do not have the documents listed in A above <input type="checkbox"/> Copy of Health Insurance Card (within expiration date) <input type="checkbox"/> Copy of Pension Book (within expiration date) <input type="checkbox"/> Transcript or Extract of Family Register (within 30 days of issue /original only) <input type="checkbox"/> Certificate of Residence (within 30 days of issue /original only) <input type="checkbox"/> Certificate of Seal Registration (within 30 days of issue/original only)</p>			
<p>Identification documents of the proxy (Please write a check mark on the enclosed documents.) <input type="checkbox"/> A or B above for both the person concerned and the proxy ID of the person concerned () ID of the proxy () (In the case of a request by a "legal representative") <input type="checkbox"/> Documents to prove the qualification of the legal representative (e.g. Transcript or Extract of Family Register/within 30 days of issue) (In the case of a request by an "arbitrary proxy") <input type="checkbox"/> Letter of Proxy</p>			
<p>Contact Desk (Mailing address)</p>		<p>To: Accounting H.P.D. Corporation Renaissance Okinawa Resort 3425-2, Yamada, Onna-son, Okinawa, Japan, 〒904-0416 ※For inquiry TEL:098-965-0707 Email: privacy@hpd-c.co.jp</p>	
<p>Our Entry Field</p>		<p>Date (Receipt)</p>	<p>Date (Processed)</p>
		<p>Recipient</p>	<p>Supervisor</p>

※Personal information provided in connection with this matter will be handled only to the extent necessary to respond to this request.

※In the event that there is no retained personal information to be disclosed as a result of the investigation, or if the request cannot be processed due to incomplete documentation, etc., a response will be made to that effect in principle, but please note that the fee will not be refunded.

※Documents submitted will be disposed by appropriate means without delay after the request has been processed.