

Request for Disclosure, etc., of Personal Information

Date: _____

For submission to:

Compliance and Legal Affairs Section, General Affairs Department, MARUI GROUP CO., LTD.

1. Request Submitter (Check item that applies)

<input type="checkbox"/> Individual to whom information pertains <input type="checkbox"/> Legal proxy acting on behalf of minor to whom information pertains <input type="checkbox"/> Legal proxy acting on behalf of adult ward to whom information pertains <input type="checkbox"/> Proxy acting on request of individual to whom information pertains	Name
	Address

Name and Address of Individual to Whom Information Pertains (For use when request submitter is proxy)

Name
Address

2. Details of Request for Disclosure, etc., of Personal Information

Requested actions (Check all that apply)	<input type="checkbox"/> Individual to whom information pertains <input type="checkbox"/> Legal proxy acting on behalf of minor to whom information pertains <input type="checkbox"/> Legal proxy acting on behalf of adult ward to whom information pertains <input type="checkbox"/> Proxy acting on request of individual to whom information pertains
Name, details, and other information necessary for identifying individual to whom request for disclosure, etc., of personal information applies	

Decisions regarding this request for disclosure, etc., of personal information will be communicated via the appropriate notification forms.

(For use by company representative, leave blank)

Article(s) used to verify identity of individual to whom information pertains*	<input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Individual Number Card <input type="checkbox"/> Residence card <input type="checkbox"/> Special permanent resident certification <input type="checkbox"/> Health insurance enrollment card <input type="checkbox"/> Pension record book <input type="checkbox"/> Other ()
Article(s) used to verify identity of proxy (if applicable)*	<input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Individual Number Card <input type="checkbox"/> Residence card <input type="checkbox"/> Special permanent resident certification <input type="checkbox"/> Health insurance enrollment card <input type="checkbox"/> Pension record book <input type="checkbox"/> Other ()
Article(s) used for verifying authority of representation	<input type="checkbox"/> Delegated Request for Disclosure, etc., of Personal Information <input type="checkbox"/> Family register extract <input type="checkbox"/> Insurance card indicating dependent <input type="checkbox"/> Certificate of registered matters <input type="checkbox"/> Other ()
Processed by	Extension
Notes	

*Two (2) pieces of identification are required when using articles without photograph.