

## Request Form for Disclosure, etc. of Personal Data

(May 2017)

Date (Y/M/D)		Request type	<input type="checkbox"/> Disclose <input type="checkbox"/> Correct <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Stop use <input type="checkbox"/> Report purpose of use <input type="checkbox"/> Discontinue provision to third parties	
Request items (Select one or more)	<input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail address <input type="checkbox"/> Birth date <input type="checkbox"/> Company <input type="checkbox"/> Section <input type="checkbox"/> Title <input type="checkbox"/> Other (Be specific when filling in the field below)			
(If you selected Correct or Add, write the details of the correction or addition here)				
(If you selected Other, write the details here)				
Select any of the following items as the possible reason why we are storing your retained personal data. Be specific to the extent that you consider appropriate in your entries below.				
<input type="checkbox"/> Request to attend one of our sponsored events such as a seminar <input type="checkbox"/> User registration in relation to our services or the purchase of our products <input type="checkbox"/> Registration with our website <input type="checkbox"/> Other (Be specific when filling in field (4) below)				
(1) Seminar or event name, or product or service name: (2) Your request, purchase, or registration date (month/year): (3) Name of our department or representative in charge: (4) Other matters for reference:				
Name	(Signature)		Seal	
Address	— <input type="checkbox"/> Home <input type="checkbox"/> Company (Name: _____ )			
Telephone number			Fax number	
E-mail address				

(If you are filling in this form as the agent, also fill in the following fields)

Agent's name	(Signature)		Seal	
Address	— <input type="checkbox"/> Home <input type="checkbox"/> Company (Name: _____ )			
Telephone number			Fax number	
E-mail address				

[Attach the appropriate documents to this request form]

- ☐ (1) Your driver's license, passport, or other document that can prove your identity (Provide a copy of the part that can prove your identity)
  - ☐ (2) (For an agent) Letter of proxy that can serve as proof of agency by the agent
  - ☐ (3) (If the principal is a minor) Residence certificate or other document that can prove the relationship between the legal representative and the principal
  - ☐ (4) (For a correction request) Document that can prove the validity of the correction
  - ☐ (5) Self-addressed stamped envelope, addressed to the principal or agent
- \* We will respond to requests for disclosure by registered mail, affix 420 yen in postage for registered mail and the regular postage stamp onto a self addressed envelope.

Send this request by mail as follows.

Mailing address: Sales Planning and Administration Department (Personal information Consultation Office)  
 FUJITSU FIP CORPORATION  
 2-1, Shibaura 1-chome, Minato-ku, Tokyo 105-8668  
 (Note) There are situations, in principle, where we may be unable to meet your request for disclosure, etc.  
 of personal information entrusted to utilize even if it is for your own information.