

To: Personal Data Protection Group
Toshiba Digital Solutions Corporation

Request Form for Personal Data Disclosure

Requester (Enter the name of Agent when requested by Agent)

Relationship with Principal	<input type="checkbox"/> Principal <input type="checkbox"/> Agent <input type="checkbox"/> Delegated by Principal <input type="checkbox"/> Legal representative (parent, etc.)
Name	Seal
Phone No.	(available from 9 a.m. to 5 p.m.)
E-mail address	(used when it is difficult to contact by phone during the time above)

I am making a request for disclosure of personal information owned by your company, pursuant to the Act on the Protection of Personal Information.

1. Information about Principal

Principal to be disclosed	Name	Seal
	ZIP code	
	Address	
	Phone No.	(available from 9 a.m. to 5 p.m. on weekdays)
Description of request (Circle one of the following)	1. Disclosure 2. Notification of intended purpose 3. Correction 4. Addition 5. Deletion 6. Cessation of use 7. Cessation of disclosure to third parties Enter specific reasons for the request. (incorrect personal information, unintended use, etc.)	
Identity confirmation document (Circle the document you enclosed)	1. Driver's license 2. Health insurance card 3. Passport 4. Pension booklet 5. Resident registry with a photo attached 6. Duplicate of original alien registration (Copy is required for 1. to 5.)	

2. Reason/Method for providing Toshiba Digital Solutions Corp. with personal information
(Circle one of the following and enter specific service/product name)

No.		Name/Date of e-mail newsletter, seminar, exhibition, service, etc.
1	Registration of e-mail newsletter	
2	Request to send information	
3	Questionnaire surveys/Register to monitoring programs	
4	Application for participation in seminars	
5	Entrance registration for exhibitions	
6	User registration/Customer card	
7	Application for repair	
8	Inquiries	
9	Other	

3. How Toshiba Digital Solutions Corp. will contact Principal
(Enter specific service name and circle one of the following)

Regarding [(enter service or product name)
1. DM.	2. e-mail
3. Company staff will make calls.	4. Company staff will visit your house.
5. Other []

4. Disclosure of personal data (Enter the item to be disclosed)

Personal data items (Name, Address, Phone, etc.)
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5. Correction of personal data (Enter the item to be corrected)

Personal data items (Name, Address, Phone, etc.)	Before correction	After correction

6. Addition of personal data (Enter the item to be added)

Personal data items (Name, Address, Phone, etc.)	Description of personal data to be added

7. Deletion of personal data (Enter the item to be deleted)

Personal data items (Name, Address, Phone, etc.)	Description of personal data to be deleted

8. Cessation of use or cessation of disclosure to third parties

(Enter description if you request cessation of use or cessation of disclosure to third parties)

Name and description of the service for which you request cessation of use or cessation of disclosure to third parties
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*Fee and postage

Please include a postal money order to the value of the following fee for requests for disclosure or notification of intended use.

Fee	¥800
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- No fee is charged for correction, addition, deletion, cessation of use, or cessation of disclosing to third parties.
- The person making the request bears the cost of purchasing the postal money order and of postage to Toshiba Digital Solutions Corp.

[Form filled in by Toshiba Digital Solutions Corp.]

Date accepted	: of / /	Office in charge (/ /)
Principal identification	1, 2, 3, 4, 5, 6	
Agent identification	1, 2, 3, 4, 5, 6	
Fee confirmation	<input type="checkbox"/> Attached <input type="checkbox"/> Not sufficient <input type="checkbox"/> Not attached <input type="checkbox"/> Not required	
Response sent on	/ /	