

Request Form for Disclosure, etc. of Retained Personal Data

Personal Information Protection Officer,
General Affairs Department,
Sun Frontier Fudousan Co., Ltd.

Date: _____ (YYYY / MM / DD)

I hereby request the following matters concerning personal information retained by the Sun Frontier Fudousan Group.

Applicant	
Address (please begin from prefecture): 〒_____	
Furigana _____ Name: __	Seal
Daytime Contact Number:	

If the applicant is a legal representative, please complete the following section. If the applicant is the individual, this section is not required.

Subject of Disclosure	
Address (please begin from prefecture): 〒_____	
Furigana _____ Name: __	Seal
Daytime Contact Number:	

Details of Request Regarding Personal Information (Please check the applicable item(s).) ✓ <input type="checkbox"/>	<input type="checkbox"/> Disclosure of personal information <input type="checkbox"/> Suspension of use / Partial restriction of use <input type="checkbox"/> Corrections <input type="checkbox"/> Others ()
Details for partial restriction, correction, etc.	

[1] Required Documents for Disclosure Request

(One copy of each required document is necessary depending on the applicant type)

① If the applicant is the individual	1 <input type="checkbox"/> Resident Record (Juminhyo) or <input type="checkbox"/> Certificate of Alien Registration 2 ・ A copy of one of the following IDs: <input type="checkbox"/> Driver's License <input type="checkbox"/> Health Insurance Card <input type="checkbox"/> Certificate of Seal Impression <input type="checkbox"/> Passport
② If the applicant is a legal representative	1 ・ Documents listed in ① above 2 ・ One of the following documents proving legal authority: <input type="checkbox"/> Family Register <input type="checkbox"/> Certificate of Registered Matters 3 ・ One of the following documents to confirm the identity of the legal representative: <input type="checkbox"/> Resident Record <input type="checkbox"/> Copy of Driver's License <input type="checkbox"/> Copy of Health Insurance Card <input type="checkbox"/> Certificate of Seal Impression

[2] Fees for Disclosure Requests (A fee is required only for disclosure requests.)

A fee of 1,200 yen is required for each request. Please enclose a fixed amount of postal money order (Teigaku Kogawase) worth 1,200 yen with your application. Payment by any other means will not be accepted.

[3] Important Notes

- a.) If the application form or required documents are incomplete or if identity verification cannot be made, disclosure may not be provided.
- b.) If the fee for the disclosure request is not paid, disclosure cannot be provided.
- c.) Submitted documents, including required materials, will not be returned.
- d.) Personal information obtained through this disclosure procedure will only be used within the scope necessary for the disclosure process.