

United Super Markets Holdings Inc.

Personal Information Protection Consultation Service

Request Form for Disclosure of Retained Personal Data

I would like to make the following request in accordance with the Personal Information Protection Law regarding personal information held by your company.

Form

Matters concerning the person in question (person subject to disclosure)

Name	(Spelling Name, if any)
	(sign/ stamp)
Address	Mail
Phone Number	
<p>Identification documents (Please enclose a copy of one of the following documents) *Please fill in the information of your registered domicile in black except for the prefecture. *In the case of a personal number (my card) card, please copy only the front page that does not include the personal number.</p> <p> <input type="checkbox"/> Driving licence <input type="checkbox"/> Passport <input type="checkbox"/> Personal number (My Number) card (front side only) <input type="checkbox"/> Health insurance card <input type="checkbox"/> Pension book <input type="checkbox"/> Foreign residence card <input type="checkbox"/> Other () </p>	

Details of claim	<input type="checkbox"/> Disclosure <input type="checkbox"/> Amendment <input type="checkbox"/> Suspension of use <input type="checkbox"/> Delete <input type="checkbox"/> Other
Disclosure Method	<input type="checkbox"/> Electromagnetic record <input type="checkbox"/> Document

Personal information to be covered (please be as specific as possible).

If you are requesting a correction, please provide the details.

Personal Information Items (Name, address, telephone number, etc.)	Before correction	After correction

APMS-05-008

Matters Relating to Agents *Please fill in this form if the person making the request is a representative.

Name	(Spelling Name, if any)
	(sign/ stamp)
Address	Mail
Phone Number	
Relationship	<input type="checkbox"/> Person entrusted by the principal <input type="checkbox"/> Legal representative (e.g. person with parental authority)
<p>Identification documents (Please enclose a copy of one of the following documents). *For information on the domicile, please black out the information other than the prefecture. *If you are using a personal number (My Number) card, please copy only the front page that does not include your personal number.</p> <p> <input type="checkbox"/> Driving licence <input type="checkbox"/> Passport <input type="checkbox"/> Personal number (My Number) card (front side only) <input type="checkbox"/> Health insurance card <input type="checkbox"/> Pension book <input type="checkbox"/> Foreign residence card <input type="checkbox"/> Other () </p>	
<p>Documents confirming claim eligibility</p> <p>(1) Agent by power of attorney</p> <p> <input type="checkbox"/> A letter of attorney from the person in question (with personal seal and certificate of seal registration)</p> <p>(2) Legal representative</p> <p> <input type="checkbox"/> Copy of family register (within 3 months from the date of creation)</p> <p> <input type="checkbox"/> Certificate of residence (with the family name and address) (within 3 months from the date of creation)</p> <p>*Please black out the information on your domicile other than the prefecture. *Make sure that the residence certificate does not include your personal number (my number) or all digits are blacked out.</p>	

■ The period from acceptance of each request form to notification of the results of disclosure, etc. will be approximately two weeks.

Please note that we may not be able to comply with your request if we are unable to confirm that you are the person in question or a legitimate representative.

For each request for disclosure of personal information or notification of the purpose of use, we will ask you to pay the actual costs.

If the disclosure method is in writing, please enclose a return envelope with stamps worth for 839 yen (84 yen for basic fee + 435 yen for general registered mail + 320 yen for proof of delivery) attached.

.....

Company column

Reception date	Year Month Date	Receiver	(sign/ stamp)
Implementation date	Year Month Date	Person in charge	(sign/ stamp)
Implementation details	<input type="checkbox"/> Disclosure <input type="checkbox"/> Amendment <input type="checkbox"/> Suspension of use <input type="checkbox"/> Delete <input type="checkbox"/> Other		
Remarks			