

Personal Information Disclosure Request Form

When requesting disclosure and such of Personal Information, Please fill out the form below, and send it to us with necessary documents for identification purposes.

(The requester will be responsible for postage and document copies)

Address: Amada Co., Ltd. Personal Information Inquiry Desk
200 Ishida, Isehara city, Kanagawa, JAPAN 259-1196

Date requested:

1. Your Request (please check the appropriate box)

<input type="checkbox"/> Disclosure (charges apply)	<input type="checkbox"/> Notification of the use purposes (charges apply)
<input type="checkbox"/> Correction (FREE)	<input type="checkbox"/> Addition (FREE) <input type="checkbox"/> Deletion (FREE)
<input type="checkbox"/> Discontinuation of use (FREE)	<input type="checkbox"/> Discontinuation of provision to third party (FREE)
Please fill-out the applicable item: 1. If requesting "Correction", please enter the description of item to be corrected, the original information and new information, and the reason for correction. 2. If requesting "Addition", please enter the description of item you want added. 3. If requesting "Deletion", please enter the description of item to be deleted, and its reason. 4. If requesting "Discontinuation of use", please enter the reason. 5. If requesting "Discontinuation of provision to third party", please state the reason.	

2. Information about you

(Every field must be filled out)

NAME				
Birth date				
Address				
Daytime phone				
Proof of identification	Please enclose a copy of one of the documents below: (Please circle what you enclosed)			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Drivers' license</td> <td style="width: 50%;">2. Passport</td> </tr> <tr> <td>3. Health Insurance card</td> <td>4. Pension program card</td> </tr> </table>	1. Drivers' license	2. Passport	3. Health Insurance card
1. Drivers' license	2. Passport			
3. Health Insurance card	4. Pension program card			

3. Information of the applicant if you are not the subject of the personal information requested

NAME	
Birth date	
Address	
Daytime phone	
Relationship to the principal	(Please circle the applicable) 1. Parent (legal representative) 2. Legal guardian 3. Agent 4. Others ()
	Please include one of (or copy of) the following document for identification purposes. 1. Copy of family register (document for parent) 2. Letter of attorney (document for authorized agent) 3. Registration Certificate from the Civil Affairs Bureau (document for Guardian)
Document verifying the relationship to principal	Please include one of (or copy of) the following document for identification purposes. 1. Drivers' license 2. Passport 3. Health Insurance ID card 4. Pension program card
	Please include one of (or copy of) the following document for identification purposes. 1. Drivers' license 2. Passport 3. Health Insurance ID card 4. Pension program card

4. Method of response preferred

Preferred response method	<input type="checkbox"/> Postal mail (sent to the applicant's address) <input type="checkbox"/> FAX (FAX number:) <input type="checkbox"/> e mail (address:)
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* We will contact you with our bank account information if you have requested charged services.

The service charges are 1,000 yen per one request. (The applicant will be responsible for the bank charges)

Your request will be cancelled if you do not pay the charges within one month.

*) The information requested in this form will be used to process your request, such as confirming your identity, crosschecking with our personal data, or communicating with the applicants. We will not be returning the application documents.