

## Request for Disclosure of Personal Information

Month Day, Year

To: SunFlare Co., Ltd.

Name

(Seal)

Pursuant to Article 25 of the Act on the Protection of Personal Information, I hereby request the disclosure of the following personal data held by your company.

## 1 Confirmation of identity

|                                 |   |                   |  |
|---------------------------------|---|-------------------|--|
| Name                            |   |                   |  |
| Date of Birth                   | Month Day, Year   |                   |  |
| Address                         |   |                   |  |
|                                 | Postcode  |                   |  |
|                                 | Tel.  | (       )       - |  |
| Identity confirmation method    | <input type="checkbox"/> By post <input type="checkbox"/> In person   |                   |  |
| Identity confirmation documents | 1. Driving license      2. Passport      3. Health insurance card      4. Pension book<br>5. Basic Resident Register Card      6. Residence Card or special permanent<br>(with photo)                                  resident certificate   |                   |  |
| Type of registered information  | <input type="checkbox"/> Academy student <input type="checkbox"/> Member of eHonyaku Square<br><input type="checkbox"/> Online Shop user <input type="checkbox"/> Member of mailing list<br><input type="checkbox"/> Person at customer in charge of dealings with the Company <input type="checkbox"/> Registered translator<br><input type="checkbox"/> Applicant to become registered translator <input type="checkbox"/> Job applicant<br><input type="checkbox"/> Employee or ex-employee <input type="checkbox"/> Other |                   |  |
|                                 | Disclosure method <input type="checkbox"/> By Post <input type="checkbox"/> In person   |                   |  |

2 For applications made by legal representatives or agents

|                           |         |
|---------------------------|---------|
| Agent/representative name |         |
| Address                   | Tel ( ) |

|  |   |
|--|---|
| Relationship with data subject                         | <p>1 Legal Representative (a. Parent/guardian    b. Guardian of adult)</p> <p>2 Mandatary</p>   |
| Documents to Confirm Authority as Agent/Representative | <p>1 For legal representatives (any one of the below is required)</p> <p>    <input type="checkbox"/> Family register or abstract thereof</p> <p>    <input type="checkbox"/> Certificate of registered matters</p> <p>    <input type="checkbox"/> Certificate from family court</p> <p>2 For mandataries (all of the following are required)</p> <p>    <input type="checkbox"/> Power of attorney (with registered seal impression)</p> <p>    <input type="checkbox"/> Certificate of seal registration</p> |