

**Form for Requesting
Disclosure or Notification of Purposes of Utilization of
Personal Information**

Day Month Year

Fill in the form, attach the necessary documents for identification, and mail to the Secretariat for the Committee for the Promotion of Personal Information Protection of our company. (You will have to pay the mailing cost.)

Be sure to fill in the indispensable items as requested in the boxes in bold lines.

Kind of request	<input type="checkbox"/> Disclosure <input type="checkbox"/> Notification of utilization purpose
Identification information for the person requiring disclosure or notification of purposes of utilization of personal information (Fill in completely the sections in bold lines in order to avoid disclosure or discontinuation of utilization of the personal information of the wrong person)	
(katakana) Name	
Address	〒 -
Tel No.	() - Fill in the daytime telephone number.
Company name	
Subject information (Please circle)	Basic information (Name, Address, Tel No., e-mail address, Company name, Department name, etc.) Other information ()
Identification method	Mail the below documentation.
Document for confirming the identity of the requestor (Black out the information concerning permanent address)	Submit a copy of either your driving license or passport. Otherwise, submit two (2) kinds of documents from the list below (one (1) copy each). 1. Original of seal registration certificate 2. Copy of health insurance card 3 Copy of residence certificate 4. Copy of pension book 5. Copy of alien registration certificate

Information concerning the requestor representing the subject person (Fill in only in the case that the requestor for disclosure is not the subject person of disclosure, or the requestor is not the subject person of notification of utilization purposes.)	
(katakana) Name	
Address	〒 -
Tel No.	() - Fill in the daytime telephone number.
Relationship with the subject person	1. Person with parental authority 2. Guardian of an adult 3. Agent 4. Other ()
Document that certifies the relationship with the subject person (Black out the information concerning permanent address)	1. Copy of family register 2. Certificate of registered matters for guardian of an adult 3. Letter of attorney (1 in the case that the requestor is a person with parental authority, 2 in the case that the requestor is a guardian of an adult, and 3 in the case that the requestor is an agent.)
Document for confirming the identity of the requestor (Black out the information concerning permanent address)	Submit a copy of either your driving license or passport. Otherwise, submit two (2) documents from the list below (one (1) copy each). 1. Original of seal registration certificate 2. Copy of health insurance card 3 Copy of residence certificate 4. Copy of pension book 5. Copy of alien registration certificate
Section to submit a request Nihon Unisys, Ltd. Secretariat for the Committee for Promotion of Personal Information Protection 1-1-1, Toyosu, Koto-ku Tokyo 135-8560	

To be filled in by the Company	Date of acceptance	Month Day	
	Received by		