

**Form for Requesting
Correction etc. or Discontinuation of Utilization etc.
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 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"/> 1. Correction <input type="checkbox"/> 2. Addition <input type="checkbox"/> 3. Deletion <input type="checkbox"/> 4. Discontinuation of utilization <input type="checkbox"/> 5. Erasure <input type="checkbox"/> 6. Discontinuation of provision to a third party “Deletion” targets only part of the personal information, while “erasure” targets all of the personal information.
Identification information for the person requesting correction etc. or discontinuation of utilization etc. of personal information	
(Fill in completely the sections in bold lines in order to avoid correction etc. or discontinuation of utilization etc. of 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 documentation below.
Document for confirming the identity of the requestor (Black out the information concerning permanent address)	Submit a copy of one of the documentation from the below list. 1. Copy of driving license 2. Copy of passport 3. Original of seal registration certificate 4. Copy of health insurance card 5. Copy of residence certificate 6. Copy of pension book 7. Copy of alien registration certificate

Information concerning the requestor representing the subject person	
(Fill in only in the case that the requestor is not the subject person of the correction etc. or discontinuation of utilization etc. of personal information..)	
(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		

The requested procedure

(Please circle the number of the requested procedure. Fill in the contents of the correction, addition or deletion.)

1	Correction	Items to be corrected	Contents before correction	Contents after correction

2	Addition	Items to be added to	Contents to be added

3	Deletion	Items to be deleted

4	Discontinuation of Utilization	Reason

5	Erasure	Reason

6	Discontinuation of provision to a third party	Reason