Request for Disclosure, Revision or Cessation of Use

 Date:　 　/　 /

Attention to: Person responsible for personal information consultation contact point, CMK Corporation

I hereby request CMK Corporation for the disclosure, etc. of my personal information by attaching the necessary identity verification documents.

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| Disclosure requester | Principal (You) Representative authorized by you |
| Principal (You) | AddressNameContact Phone Number |
| Representative | AddressNameContact Phone Number |
| Request item | Please select and circle the item you request. |
| Notification of purpose of use of personal information |
| Disclosure of Personal Information |
| Revision of content of personal information |
| Addition to personal information |
| Deletion of personal information |
| Cessation of use of personal information |
| Deletion of personal information |
| Prohibition of provision to third party of personal information |
| Method of information disclosure | If you request notification of purpose of use of personal information or the disclosure of personal information, please select and circle the method of disclosure/notification |
| Document on paper |
| Electromagnetic record (CD-ROM) |
| Identity verification documents | ・Request by principal (you)Copy of your driver’s license, passport or other document that shows your photo(document that shows your name and address)Copy of residence certificate(copy made within 30 days of the request for the disclosure, etc.)・Request by representativeCopy of the representative’s driver’s license, passport or other document that shows the representative’s photo　(document that shows the representative’s name and address)Copy of the representative’s residence certificate　(copy made within 30 days of the request for the disclosure, etc.)　Letter of representation |
| Fee | ・If you request notification of the purpose of use of personal information or the disclosure of personal information, please enclose a postal stamp amounting to 875 yen with the request documents. |