# NTT Advanced Technology Corporation

Information Security Department Executive Manager

Request for Disclosure of Personal Information

# Request Date: YY/MM/DD

# I hereby request the disclosure of personal information held by NTT Advanced Technology Corporation.

# 1.Applicant

|  |  |
| --- | --- |
| Applicant | Applicant’s Name　　　　　　　　　　　　　　　　　　　　　（Seal） |
| Applicant’s Address |
| Applicant’s Phone No. |
| Request Details  (\*please be specific) |  |

[When applying, please be aware of the following.]

1. Please attach a copy of personal identification document(s) (either of driver’s license, passport, health insurance certificate, certificate of residence issued within last 3 months, and certified copy of family register issued within last 3 months.).
2. Please enclose the fixed ¥1,000 and send it by registered mail (No refunds will be made regardless of the results of the disclosure request.).

2. When this form is submitted by attorney-in-fact, please fill in the space below.

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| Attorney-in-fact | Attorney-in-fact’s Name　　　　　　　　　　　　　　　　　　　（Seal） |
| Attorney-in-fact’s Address |
| Attorney-in-fact’s Phone No. |

1. If applicant is under fifteen (15) and the attorney-in-fact has parental authority, please attach certified copy of family register.
2. If attorney-in-fact is a guardian of an adult of the applicant, please attach a certificate of the registered matters.
3. In other cases, please attach a copy of 1) the attorney-in-fact’s personal identification (either of driver’s license, passport, health insurance certificate, certificate of residence issued within last 3 months, and certified copy of family register issued within last 3 months.), 2) their power of attorney document using the attached form.
4. Personal information entered on this form will be used within boundaries necessary to make the disclosure.
5. When applicant submits a copy of personal identification document(s), please mask the registered domicile, the number of the insurer etc., the symbol and number of insured person (subscriber, member), etc., and basic pension number.

# NTT Advanced Technology Corporation

Information Security Department Executive Manager

Personal Information Disclosure Power of Attorney

Date: YY/MM/DD

I hereby grant my attorney-in-fact the powers to request the disclosure of my personal information.

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| Applicant’s Name　　　　　　　　　　　　　　　　　　　　　（Registered Seal） |
| Applicant’s Address |
| Applicant’s Phone No. |

1. Please attach a copy of personal identification document(s) (either of driver’s license, passport, health insurance certificate, certificate of residence issued within last 3 months, and certified copy of family register issued within last 3 months.).
2. When applicant submits a copy of personal identification document(s), please mask the registered domicile, the number of the insurer etc., the symbol and number of insured person (subscriber, member), etc., and basic pension number.

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| Attorney-in-fact’s Name |
| Attorney-in-fact’s Address |
| Attorney-in-fact’s Phone No. |