

Form 1-1

Personal Information Disclosure Request

To: Personal Information Manager, NTT Advanced Technology Corporation

I hereby request the disclosure of my personal information in the databases held by your company that can be identified by the following.

Identification Item: _____ Identification Data: _____

1. Requester (the requesting person)

Request Date: Year/Month/Date _____

Address: _____

Name: _____ (Seal)

Phone Number: _____ - _____ - _____

E-mail address (if you wish to be contacted by e-mail): _____

* A copy of an official ID card (either of driver's license, passport, health insurance card, certificate of residence (issued within last 3 months) or family register (issued within last 3 months)) is required.

* Please enclose a handling fee of 1,000 yen and mail it by registered mail for cash. (No refund will be given regardless of the result of the disclosure request.)

2. Please fill in the followings in the case of a request by an attorney-in-fact.

Request Date: Year Month Date _____

Address: _____

Name: _____ (Seal)

Phone Number: _____ - _____ - _____

* Please fill in the followings about the attorney-in-fact. (Check the applicable one.)

The attorney-in-fact has parental authority in the case that the requesting person is under 15 years old. → A copy of the family register is required.

Adult guardian of the requesting person → Certificate of registered matters is required.

The attorney-in-fact other than those listed above → prescribed power of attorney, certificate of seal impression registration of the requesting person (issued within last 3 months) and copy of the official identification of the requesting person and the attorney-in-fact (either of driver's license, passport, health insurance card, certificate of residence (issued within last 3 months) or family register (issued within last 3 months)) are required.

However, in the requests of 1 or 2, when submitting a copy of official certificates that an individual can be identified, please make a mask processing for permanent domicile, insurer's number, symbol and number of insured person (subscriber and member), etc. and basic pension number.

Form 1-2

Personal Information Disclosure Request / Power of Attorney

To: Personal Information Manager, NTT Advanced Technology Corporation

I hereby grant my attorney-in-fact the power to request the disclosure of my personal information in the databases held by your company.

<Requesting person>

Date: Year/Month/Date _____

Address: _____

Name: _____ **(Officially registered seal)**

Phone Number: _____ - _____ - _____

*** A seal is a registered seal. Certificate of seal impression registration (issued within last 3 months) and a copy of an official ID card (either of driver's license, passport, health insurance card, certificate of residence (issued within last 3 months) or family register (issued within last 3 months)) are required.**

*** However, when submitting a copy of official certificates that an individual can be identified, please make a mask processing for permanent domicile, insurer's number, symbol and number of insured person (subscriber and member), etc. and basic pension number.**

<Attorney-in-fact>

Address: _____

Name: _____

Phone Number: _____ - _____ - _____