

Request for Notification, Disclosure. etc., from Purposes of Use of Personal Data in Possession

Date:

To: Personal Information Administrator, KYORIN Pharmaceutical Co., Ltd.

Below please find my request made pursuant to Article 24 and other parts of the Act on the Protection of Personal Information.

Requesting person (person represented in personal data in possession)	Address —	
	Name	TEL () —
Agent (fill in if an agent is making the request)	Address —	
	Name	TEL () —
Requested items	<input type="checkbox"/> ①Notification of the purposes of usage <input type="checkbox"/> ②Disclosure <input type="checkbox"/> ③Correction <input type="checkbox"/> ④Addition <input type="checkbox"/> ⑤Deletion <input type="checkbox"/> ⑥Termination of use <input type="checkbox"/> ⑦Erasure <input type="checkbox"/> ⑧Termination of provision to third parties	
Description of request (fill in when items ③-⑤ are requested)	【In the case of ③Correction】 (1) Item(s) to be corrected _____ (2)Description of correction Before correction _____ After correction _____	
	【In the case of ④ Addition】 (1) Item(s) to be added _____ (2) Description of addition _____	
	【In the case of ⑤ Deletion】 (1) Item(s) to be deleted _____	
Reason for the request (fill in when items ③-⑧ are requested)	Request for items ③-⑤	<input type="checkbox"/> Inaccurate data <input type="checkbox"/> Others _____
	Request for items ⑥and⑦	<input type="checkbox"/> Data acquired inappropriately <input type="checkbox"/> Data being handled for purposes other than those of usage <input type="checkbox"/> Others _____
	Request for item ⑧	<input type="checkbox"/> Data provided to a third party without consent <input type="checkbox"/> Others _____