

## Regarding procedures for responding to “requests for disclosure, etc.”

We have established the following procedures regarding requests from individuals or their agents for disclosure (notification of use, disclosure, correction, addition or deletion of content, suspension of use, erasure, suspension of provision to third parties, disclosure of records provided to third parties, etc.) of retained personal information, including specific personal information. Please check below for details.

### 1. Request for disclosure, etc.

To request disclosure, etc., please send the required documents to the designated application form by mail to the following window. Please note that we cannot accept requests for disclosure, etc. other than by mail.

Address: 〒101-0044

Kanda Tokuriki Building 3F 2-9-12 Kajicho, Chiyoda City, Tokyo

Contact name: AP Communications Co., Ltd. Personal information protection general contact  
"personal Information Protection Manager Quality Assurance Department"

### 2. Method of requesting disclosure, etc. (documents to be submitted, how to confirm that you are the person or the agent, etc)

To make a request for disclosure, please fill in all the prescribed items on the request form on the next page and send it by registered or specified recorded mail to the contact person in charge, enclosing documents for identification and, if the request is made by a representative, documents for identification of the representative and documents proving the representative's authority of representation. In addition, please add "Disclosure Request Form in progress" to the envelope. Please check your submitted documents before mailing them back to us, as we may return them to you if they are incomplete.

### 3. Fees for requesting disclosure

Only in the case of a request for notification of the purpose of use of personal information subject to disclosure or a request for disclosure of personal information subject to disclosure and a request for a third party record of provision, the following fee in the amount shown below will be charged.

500 yen for each application

\*personal Information Protection Laws and Regulations Based on Article 30 of the "Act on the Protection of Personal Information"

Each "Purpose of Request, etc." is counted as one case. If you make multiple claims with one application, please bear the total amount according to the number of claims. Please pay the fee by bank transfer. In addition, please enclose a copy of the transfer certificate with the application form and mail it. After confirming the transfer, we will start handling disclosure etc.

Transfer destination: Mizuho Bank , Ltd Kanda-Ekimae Branch "Bank Address : 2-6-2 Kajicho Chiyodaku Tokyo"

Saving Account : 9114045, AP Communications Co., Ltd.

Branch code : 009, SWIFT code : MHCBJPJT

\* Please note that the transfer fee will be borne by the applicant.

### 4. How to respond to requests for disclosure, etc.

Requests for disclosure, etc. are as follows. Please fill in the applicable items on the application form with a ✓ mark. However, if we determine that it is difficult to disclose the information by the specified method, for example, if the information is not specified or if disclosure by the specified method would require a large amount of money, we will respond in writing. We will respond promptly, but please understand that it may take some time depending on the nature of your inquiry.

①Delivery of documents

②Providing electromagnetic records

### ※ About the handling of personal information

The personal information obtained in the request for disclosure will be used only for the purpose of confirming the applicant "and confirmation of proxy" and sending the results of disclosure, etc., to the applicant.

## Request for disclosure of personal information, etc.

Name	Agent name "fill in when applying by agent"
Address/Contact Information "specifically, such as the name of the condominium" 〒	
TEL:	
Address and contact information of the agent "filled in when requested by the agent. Specifically, such as the name of the condominium" 〒	
TEL:	
1. Purpose of billing, etc. "Please fill in the ✓ mark in the applicable □. Multiple" <input type="checkbox"/> Request for notification of the purpose of use of retained personal data <input type="checkbox"/> Request for disclosure of retained personal data <input type="checkbox"/> Request for correction, addition or deletion of the contents of retained personal data <input type="checkbox"/> Request for suspension or deletion of retained personal data <input type="checkbox"/> Request to stop providing a third party of retained personal data <input type="checkbox"/> Request for disclosure of records provided to third parties 2. Classification of retained personal data to be billed and a third party provision record "Please fill in the ✓ mark in the corresponding □. Multiple" <input type="checkbox"/> Information about employees or records of their provision to third parties <input type="checkbox"/> Transaction information or records of their provision to third parties <input type="checkbox"/> Information about recruitment activities or records of their provision to third parties <input type="checkbox"/> Information about various seminars, events, and implementation campaign, or records of their provision to third parties <input type="checkbox"/> Specific personal information or records of their provision to third parties <input type="checkbox"/> Information in other fields or records of their provision to third parties "specifically: _____" 3. Please enter as much detail as possible about other information that can identify the subject of the request, the purpose and reason of "if you do not have enough space, please attach a separate sheet "  4. Disclosure method "please fill in the ✓ mark in any of the following □ " <input type="checkbox"/> By delivery of documents We will mail it to the address stated in the identity verification document attached to the application form. <input type="checkbox"/> By providing electromagnetic records We will send an e-mail with a PDF file attached to the e-mail address listed below. Mail address: _____	
Required documents • If the applicant is the person himself/herself One of the following documents "any combination other than the following is acceptable as long as the face photo and name/address can be confirmed" - Driver's license "copy" - Passport "copy" - Basic Resident Register Card with Photo "copy" - Certificates issued by other public institutions, etc. • When the applicant is an agent - Identity verification documents "one of the following documents" for the person requesting disclosure, etc. ①Power of attorney from the claimant "signed and stamped * Free format" ②Resident's card of the claimant "issued within 3 months" - Identity verification documents for agents "one of the following documents" "any combination other than the following is acceptable as long as the face photo and name/address can be confirmed" ①Driver's license "copy" ②Passport "copy" ③Basic Resident Register Card with Photo "Photo" ④Certificates issued by other public institutions, etc. • commission - A copy of the fee transfer certificate * Please note that the issuance fee for various documents will be borne by the applicant.	