

Request Form for Disclosure, etc.

AGASUS co., inc.

To the Administrator of the personal information protection

I hereby request for the disclosure or other handling as stated below of my personal information.

Application date : / /

| | | | |
|-----------|--|-------------------------|---|
| Applicant | <input type="checkbox"/> Principal <input type="checkbox"/> Agent (privately appointed) <input type="checkbox"/> Statutory Agent | | |
| Principal | Name | <i>(Please sign up)</i> | |
| | Current Address | Postal code: | |
| | Phone Number | | E-mail <i>(if available)</i> |
| Agent | Name | <i>(Please sign up)</i> | |
| | Current Address | Postal code: | |
| | Phone Number | | E-mail <i>(if available)</i> |

【Content of the Request】 (Please tick the appropriate checkbox and fill out the appropriate box.)

| | | | |
|--|---|---------|------------------|
| <input type="checkbox"/> Disclosure | Data which you wish to disclose: | | |
| <input type="checkbox"/> Notification of purpose of use | Data of which you wish to receive the notification of the purpose of use: | | |
| <input type="checkbox"/> Correction(s) <input type="checkbox"/> Addition(s) | | Current | New / Additional |
| | Name | | |
| | Address | | |
| | Phone | | |
| | Other | | |
| <input type="checkbox"/> Discontinuation | Reason for wishing to discontinue of the use: | | |
| <input type="checkbox"/> Deletion | Reason for wishing to delete: | | |
| <input type="checkbox"/> Discontinuation of Provision to a third party | Reason for wishing to discontinue of the provision: | | |