

To SIIX Corporation

Request Form for Retained Personal Data (Disclosure)

<u>Request Date</u>	(YYYY/MM/DD)
<u>Requester</u>  *Place a ✓ in the appropriate column.	(1) If the requester is the person himself/herself <input type="checkbox"/> If the requester is an individual 18 years of age or older <input type="checkbox"/> If the requestor is an individual under the age of 18 * If the request is made by a person under 18 years of age, a signature and seal of a parent or guardian is required. Parent/Guardian Name: _____ Signature: _____
	(2) If the requester is a proxy <input type="checkbox"/> Legal representative <input type="checkbox"/> A representative authorized by the requester Name: _____ Signature: _____ Residence: _____ * Please provide the same address as that on the requester's verification document.
<u>Requester's Name</u>	Signature: _____
<u>Requester's Address</u>	* Please provide the same address as that on the requester's identification document.
<u>Contact</u>	TEL: * Please provide the Company a telephone number which the Company can reach during the daytime to contact you regarding this request. E-mail : _____ ( Please fill in correctly) *We may contact you regarding the content of your request.
<u>Details regarding the personal information that is the subject of the request</u>	
<u>Registration number or registered ID regarding the personal information that is the subject of the request (if any)</u>	
Type of personal information for which disclosure is requested * Place a ✓ in the appropriate column. (multiple selections allowed.) <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Telephone Number <input type="checkbox"/> Email address <input type="checkbox"/> Other * Please specify below the type of personal information you are requesting disclosure of.	
<u>Specific reason for requesting disclosure of personal information</u>	
<u>How to answer</u> *Please check one of the following. <input type="checkbox"/> Response in writing (We will send it by registered mail to the address listed above.) <input type="checkbox"/> Response by electromagnetic record (E-mail will be sent to the e-mail address described above)	

<Notes>

- A handling fee of 550 yen will be charged for each request for disclosure. Please enclose postal stamps worth 550 yen.  
 \*If the fee is insufficient or not enclosed, we will contact you to that effect, but if you do not pay the fee, we may not be able to respond to your request.
- In the event that the request is not obligated to be responded to under the Personal Information Protection Law, or if the request procedure is incomplete, we may not be able to respond to the request.
- The documents sent to the Company at the time of request will be used only to the extent necessary to

respond to the request Documents sent to the Company will not be returned.

- In principle, we will respond by the method specified in this request form. If we decide, we may respond by issuing a document.
- Depending on the nature of your request, it may take some time for the Company to respond.