

SIGNATE Inc.
President and CEO/CDO Shigeru Saito

Notification as Required under the Act on the Protection of Personal Information

I, with an understanding of the matters stated at the end of this document, make the following request.

Requested Items: * Please tick the box for the applicable item.

Notification of the purpose for which Personal Information is used.

Disclosure

(Items of Personal Information subject to the request for the disclosure)

Name **Address** **Telephone No.** **Email address** **Date of birth** **Sex**
 Name of employer or school **Other ()**

Correction, addition, removal

The items of Personal Information subject to the Request for the correction, addition, removal	Description before the correction, addition, removal	Description after the correction, addition, removal <small>Please use this column only in case of additions. In the case of removal, please enter "To be removed".</small>
<input type="checkbox"/> Name		
<input type="checkbox"/> Address		
<input type="checkbox"/> Telephone No.		
<input type="checkbox"/> Email address		
<input type="checkbox"/> Date of birth		
<input type="checkbox"/> Sex		
<input type="checkbox"/> Name of employer or school		
<input type="checkbox"/> Other ()		

Suspension of use or erasure

Suspension of use **Erasure**

- ※ In accordance with Article 30, paragraph 1 of the Act on the Protection of Personal Information (the "PIP"), only if Personal Information is being handled in violation of the "Restriction due to a Utilization Purpose" as set out in Article 16 of the PIP, or if the Personal Information has been acquired in violation of the "Proper Acquisition" as set out in Article 17 of the PIP, use of such Personal Information will be suspended, or such Personal Information will be erased, as the case may be.
- ※ In some cases, a person in charge may directly check the reason for your request.

Requesting Party: *We cannot fulfill your request if any information is incomplete or the seal impression is missing.

Date of request: [Date] _____

Name: _____

Address: 〒 _____

Telephone No.: _____

Email address: _____

Identity Verification Document : Driver's License Health Insurance Card Student ID Employee ID
 Other ()

- * When a request is made using this form, it is necessary to attach a copy of an identity verification document to this form. Further, we do not accept any copies of Individual Number Cards (including notification cards for Individual Number Cards) or identity verification document containing "Special care-required personal information".
- * In the case of a request by an attorney, in addition to the identity verification document for the principal making this request, the principal's power of attorney and the attorney's identity verification document are also required. Attorney's Identity Verification Document : Driver's License Health Insurance Card Student ID Employee ID Other ()

Consent for Request

If you consent to the notes contained herein (the notes marked with an asterisk in this form as well as the matters below, please tick the box below. We are unable to accept your request without your consent.

(Principal) I consent (Attorney) I consent (Use only when request is made by an attorney) _____

[Name and signature or seal] _____

- Personal Information which you include in this form or you provide will be used only to the extent necessary for responding to your request made herein.
- In some cases, handling of Personal Information may be outsourced. Further, Personal Information will not be disclosed to any third party without the consent of the principal, except when disclosed under law or regulation.
- While your disclosure of information is voluntary, without disclosure of the necessary information, we may not be able to fulfill your request.
- Please send this form by simplified registered mail (*kani kakitome yubin*) to the address set out below, attaching hereto a copy of your identity verification document and, in the case where the request is being made by an attorney, the power of attorney, and other necessary documents. Please note that postage costs are to be borne by you.
SIGNATE Inc., Tokyu Bancho Building, 6 Yonban-Cho, Chiyoda-ku, Tokyo, Japan, 102-0081 Personal Information Protection Manager
- You will be charged JPY 1,000 with respect to your request for notification of the purpose for which Personal Information is used or disclosure of Personal Information. We will send information regarding the payment method together with our response to your request to the email address you fill in above.
- In some cases, we may determine that no measures are necessary under the PIP or any other related laws and regulations, after we have investigated and considered your request. In that case, we will notify the requesting party to that effect and the reason therefor.
- SIGNATE Inc. Personal Information Protection Manager : Executive Officer Hiroki Hisanaga privacy@signate.co.jp

Approval Date	[Date]
Personal Information Protection Manager	[Corporate seal]