**To PharmaLex Japan**

**Request Form for Retained Personal Data (Disclosure of Records Provided to Third Parties)**

|  |  |
| --- | --- |
| Request  Date | (YYYY/MM/DD) |
| Requester  *\*Place a*  *✔ in the*  *appropriate*  *column*. | (1) If the requester is the person himself/herself  □ If the requester is an individual 18 years of age or older  □ 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  □ Legal representative  □ A representative authorized by the requester  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\* Please provide the same address as that on the requester’s verification document*. |
| Requester’s  Name | Signature: |
| Requester’s  Address | \* Please provide the same address as that on the requester’s identification document. |
| Contact | 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.* |
| Details regarding the personal information that is the subject of the request. | |
| Registration number or registered ID regarding the personal information that is the subject of the request (if any). | |
| Specific reason for requesting disclosure of records provided by third parties. | |
| How to answer *\*Please check one of the following.*  □Response in writing (We will send it by registered mail to the address listed above.)  □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 disclosure of records provided by third parties. 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.