**To: PharmaLex Japan**

**Request for Retained Personal Data (Correction, Addition or Deletion)**

|  |  |
| --- | --- |
| 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 with a telephone number which the Company can use 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) |

|  |  |
| --- | --- |
| Request  *\*Place a ✔in the appropriate column* | □ Correction □ Addition □ Deletion  *\*Please describe specifics of the request.* |

|  |
| --- |
| Specific reason for requesting correction, addition, or deletion of personal information  *\* Place a ✔in the appropriate column*.  □ Content is not factual.  □ Other *\*Please describe the reason as specific as possible.* |
| 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**

* 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.

* Even when personal information is deleted based on the above request, we will keep a copy of the request form,

identification documents, claimant identification documents, and our response letter submitted at the time of

the request.

* Depending on the nature of your request, it may take some time for the Company to respond.