

Application for personal data correction

To: Resident First Co., Ltd.

I would like to correct the personal data based on law No. 26, Article 27, covering protection of personal data.

Note

※The principle on this form is the one who seeks the disclosure of personal data.

Application Date(Date/Month/Year)	/ /
Application Division	Correction / Utilization Suspension
Contents of application (Please mention here in concrete terms what information you require to help enable us to release the information. Please also mention here in concrete terms the reason for utilization)	
Documents supporting the data error that needs correction. (Only required when applying for correction. Please mention the name of the document to attach and its	
Division	Principle / Proxy
Address to (mail) response	Principle / Proxy
Address of Principle	
Name of Principle	
Telephone number of Principle	
Documents for principle identification (Please check either ① or ② documents to attach.)	①One copy of the following documents <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Physical disability certificate <input type="checkbox"/> Alien Registration Card
	②Two copies or originals of the following documents <input type="checkbox"/> Inkan seal certificate <input type="checkbox"/> Resident's certificate <input type="checkbox"/> Health insurance card <input type="checkbox"/> Pension book <input type="checkbox"/> Employee ID <input type="checkbox"/> Student identification card
※Unnecessary to enter below if principle requests information release.	
Address of Proxy	
Name of Proxy	
Telephone numbers of Proxy	
Identification documents for proxy (Please check either ① or ② documents to attach.)	①One copy of the following documents <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Physical disability certificate <input type="checkbox"/> Alien Registration Card
	②Two copies or originals of the following documents <input type="checkbox"/> Inkan seal certificate <input type="checkbox"/> Resident's certificate <input type="checkbox"/> Health insurance card <input type="checkbox"/> Pension book <input type="checkbox"/> Employee ID <input type="checkbox"/> Student identification card
Qualification for Proxy (Please check applicable document to attach)	One applicable document of the following
	Parents of minor <input type="checkbox"/> Resident's certificate Guardian of an adult <input type="checkbox"/> Certificate of matter to be registered Voluntary proxy <input type="checkbox"/> A letter of attorney from a principle

• The address (mailing) should be the address on the identification documents for the principle or the proxy.

(Send to)

Business Operation Section at Protection Law the Personal Data,
Aoyama Tower Place, 8-4-14 Akasaka,
Minato-ku, Tokyo, 107-0025

(For office use below)

Date/Name of Staff/Register Numbers	/ /
Check <input type="checkbox"/> Invoice	
<input type="checkbox"/> Principle ID	
<input type="checkbox"/> Proxy ID	
<input type="checkbox"/> Certification for Correction	