# Guidance on Application for Disclosure, Etc. of Personal Data

Please follow the procedures below on the application for Disclosure, Etc. (including disclosure, notice of the purpose of use, correction or addition, suspension of use, deletion) of Personal Data which we retain.

S.RIDE Inc.

Personal Information Administrator

## 1. Method of application

(1) Any request for Disclosure, Etc. of Personal Data under the Act on Protection of Personal Data shall be made by mail.

Please use the attached format "Application for Disclosure, Etc. of Personal Data".

- (2) Please note that we cannot accept a request in the following cases.
  - · Omission in filling out application documents
  - Failure to affix seals or signatures
  - Lack of confirmation documents required for Disclosure, Etc.
  - \* Please note that in case of any of the above, you shall re-send a set of confirmation documents.
- (3) When sending the application form, please write in red ink on the envelope "Application for Disclosure, Etc. is enclosed."

### 2. Identification

- (1) When mailing Application for Disclosure, Etc. of Personal Data, please enclose one of the following documents (before the expiration date) as identification document.
  - Copy of Residence Certificate or Residence Card (issued within one month prior to the date of Application)
  - · Copy of Driver's License
  - · Copy of Passport
  - · Copy of Health Insurance Certificate
  - · Copy of Pension Book
- (2) If the application is made by an agent, please enclose the following documents in addition to the documents described in (1) above.
  - A. By the statutory agent
    - One (1) copy of the documents to prove the legal authority of such statutory agent (Copy of transcript of the family register, copy of Health Insurance Certificate or Residence Certificate)
    - One (1) copy of documents to verify the identity of the statutory agent (One of the documents described in paragraph (1) above of the statutory agent)
  - B. By a privately appointed agent
    - One (1) copy of the power of attorney

— One (1) copy of documents to verify the identity of the agent

(One of the documents described to in paragraph (1) above if the privately appointed agent)

#### 3. Fees

A fee of 1,000 yen is required for each application. When mailing the documents, such as Application for Disclosure, Etc. of Personal Data, please enclose the postal money order with fixed amount of 1000 yen.

# 4. Mailing address

When all application documents have been completed, please send them by registered mail with return receipt at the address below:

1-5-2, Higashi-Shimbashi, Minato-ku, Tokyo, 105-7105, Japan S.RIDE Inc.

Personal Information Administrator

\*The postage of mailing shall be borne by the applicant.

# 5. Method of response

We will respond in writing to the address of the subject person or to the address of the applicant described in the application.

# **Application for Disclosure, Etc. of Personal Data**

S.RIDE Inc.

Application Date: [

MM/ DD /YYYY

. Person	subject to Disclosure, Etc.				
Address		Telephone Number: ( )			
Name		(seal or signature)	Date of Birth	month/day/year	
2. Applica	ant				
Please	check in $\square$ for the relationship	with the person subject to Di	sclosure, E	tc. of Personal Data. (You nee	
not fill in t	he address, name, and seal, if t	he applicant is the person sub	bject to Dis	sclosure, Etc.)	
□Principa	l □Statutory Agent □Privately	Appointed Agent (Relationshi	ip with Sub	ject Person:	
Address		Telephone Number: ( )			
Name		(seal or signature)			
3. Please	check in □ for the purpose of the	ne application.	·		
□Disclost	re of Personal Data	□ Notice of the purpose of us	ing Persona	al Data	
□Correcti	on or addition of Personal Data	☐ Suspension of using Person	nal Data		
□ Deletio	n of Personal Data	□ Discontinuance of provision	on of Person	nal Data to a third party	
Type of ta	arget Personal Data (			)	
Details of correction/addition (				)	
Reason fo	or application (			)	
※Please fill	in "Type of target Personal Data" to	the extent we can know the situation	tion when yo	ou provided such Personal Data, an	
olease fill in	"Details of correction/addition" and	"Reason for application" concretel	ly. (If the spa	ice above is not sufficient, please us	
an appendix	(format free)).				
4. Method	d of Receiving the Results of A	pplication			
□Sendi	ng to subject person's address by	mail is preferred	g to applica	ant's address by mail is preferre	
CAUTIO	NS: Please be sure to read the	following			
1. Please f	ill in the bold frame without om	ission. In addition, please fill ir	n 🗆 with ch	eck <b>√</b> .	
2. To conf	irm the identity, please attach re-	quired documents and send the	by register	ed mail with return receipt.	
3. In the d	ocuments are incomplete, we ma	ny refuse Disclosure, Etc.			
4. Persona	l Information obtained from thi	s application shall be used app	ropriately i	for the purpose of responding t	
such applic	ation.				
Do not fill	in the space below]				
Acc	eptance (Person in charge (seal)	Identity Confirmation (Person	in charge	Response (Person in charge (seal)	
and	date)	(seal) and date)		and date)	