

Request Form for Disclosure, etc. of Retained Personal Data and Records of Provision to Third Parties

To: Personal Information Consultation Desk, DiO inc. (株式会社DiO)

Date of request: Year ____ Month ____ Day ____

Pursuant to the Act on the Protection of Personal Information of Japan, I hereby request disclosure, etc. of retained personal data or records of provision to third parties as set out below.

1. Applicant information

Principal (data subject)

- Name: _____
- Name (phonetic reading): (_____)
- Date of birth: Year ____ Month ____ Day ____
- Address: Postal code _____
- Telephone number: _____
- Email address: _____

Agent information (complete only if an agent is submitting this request)

- Name: _____
- Name (phonetic reading): (_____)
- Address: Postal code _____
- Telephone number: _____
- Relationship to the principal: _____ (e.g. legal representative, voluntary agent)

2. Details of the request

Please mark the applicable item(s) with "✓" or "○".

- ☐ Disclosure of retained personal data
- ☐ Disclosure of records of provision to third parties
- ☐ Correction, addition or deletion of retained personal data
- ☐ Suspension of use or erasure of retained personal data
- ☐ Suspension of provision to third parties

3. Information to identify the personal information concerned

* Please describe as specifically as possible which personal information held by our company your request relates to, such as the service name, when you registered, and when you communicated with us.

(Entry field)

4. Reasons for and details of correction/addition/deletion, suspension of use, etc.

* If you request "correction, addition or deletion", "suspension of use or erasure" or "suspension of provision to third parties", please state the reason and the content after the change, etc.

(Entry field)

5. Preferred method of disclosure

* Select only if you request "disclosure". If no method is specified, or if disclosure by the specified method would require a large expense, etc., we will respond by sending a written document by post.

- ☐ Disclosure by provision of electromagnetic records (sent as a PDF, etc. to your registered email address)
- ☐ Disclosure by delivery of a written document (sent by post to your registered address)

[Documents to be attached]

To verify the identity of the principal (and the agent), please submit the following documents together with this request form.

A. If the principal submits the request: a copy of any one of the following identity documents

- Driver's license
- Passport
- My Number Card (front side only; please do not submit the back side)
- Health insurance card (please conceal the "symbol", "number", "insurer number" and "QR code" by blacking them out, etc. before submitting)

B. If an agent submits the request

1. The agent's own identity document (same as in A above)
2. A document confirming the authority of representation
 - Legal representative: certified copy of family register, certificate of registered matters of adult guardianship, etc. (issued within the last 3 months)
 - Voluntary agent: a power of attorney prepared by the principal (bearing the principal's registered seal), and the principal's seal registration certificate

[For company use] * Customers, please do not fill in this section

Date received: Year ____ Month ____ Day ____

Received by:

Identity verification: ☐ Completed (Document checked: _____)

Date of response: Year ____ Month ____ Day ____

Handling details:

Document No.: DiO-PRIV-002

Established: October 13, 2024

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Personal Information Protection Manager, DiO inc.

602-8061 Nishijin Sangyo Sozokaikan (西陣産業創造會館), 97 Kainokami-cho, Kamigyo-ku, Kyoto, Japan

This is a reference translation. In case of any discrepancy, the Japanese original shall prevail.