

Request Form for Disclosure of Retained Personal Data

Attn: Help Desk for Requests Related to Personal Information, General Affairs Dept., Tokyo Pulp & Paper International Co., Ltd.

1. Requester (place a check in the appropriate box)

Date of request		Classification	<input type="checkbox"/> Self <input type="checkbox"/> Other person
Address		Gender	M / F
		Telephone	() -
Name		Date of birth	

*Be sure to provide your phone number and affix your seal.

*We will only use the above personal information to the extent necessary to respond to your request for disclosure, correction, etc.

2. If you are not the individual in question (provide the name and address of the individual whose information is to be disclosed, corrected, etc.)

Individual whose information is to be disclosed, corrected, etc.			
Address		Relationship	<input type="checkbox"/> Legal representative of minor
Name			<input type="checkbox"/> Legal representative of adult ward
		<input type="checkbox"/> Representative authorized by individual	

*Be sure to affix your seal.

*We will only use the above personal information to the extent necessary to respond to your request for disclosure, correction, etc.

3. Details of request for disclosure, etc. of retained personal data

Request	<input type="checkbox"/> Notification of purpose of use <input type="checkbox"/> Disclosure <input type="checkbox"/> Correction <input type="checkbox"/> Addition		
	<input type="checkbox"/> Deletion <input type="checkbox"/> Suspension of use <input type="checkbox"/> Removal <input type="checkbox"/> Suspension of provision to third parties		
Relationship to us	<input type="checkbox"/> Business partner (Company name: _____, relevant department at our company: _____)		
	<input type="checkbox"/> General consumer (campaign name: _____ When the information was provided: Around ____/20__)		
	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Other (_____)	
Item(s)	<input type="checkbox"/> Purpose of use (disclosure only)	<input type="checkbox"/> Name	<input type="checkbox"/> Address
	<input type="checkbox"/> Date of birth	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email address
	<input type="checkbox"/> Other (_____)		

*Place a check in the appropriate box.

*If you are a business partner, please enter the name of your company and the name of the relevant department at our company.

*If you are a general consumer who has provided us with information by applying for a campaign or other function planned by our company, please enter the name of the campaign to which you applied and when you provided the information.