

DD\_\_\_\_/MM\_\_\_\_/YYYY\_\_\_\_

Cease of Use  
Request Form

To 株式会社 Guardian

Name \_\_\_\_\_  
(Romaji/Furigana)

Address or Residence

〒 \_\_\_\_\_ Tel \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Contact Information (if it differs from above)

〒 \_\_\_\_\_ Tel \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Based on the provisions stated in Article 5 of the Company's Personal Information Privacy Policy, we request the use of following personal information be stopped.

Date on which the personal information pertaining to the cease of us was disclosed	DD____/MM____/YYYY____
Name of the person/(s) who the use of personal information is to be ceased	Notice Decision Reference Number : Date of Decision Notice : Name of individual whose personal information is to be disclosed :
Purpose and Reason for the request	(Purpose)  (Reason – description optional)

**2. Fees**  
**¥ 1800**

(Please include the name of the applicant when making the transfer. Transfer costs are to be borne by the applicant.)

Account details

- **Bank 三菱UFJ銀行**  
**Mitsubishi UFJ Ginkou**
- **Branch 聖護院支店 (445)**  
**Shogoin branch (445)**
- **Account Number 0 2 1 0 3 1 8**
- **Account Name 株式会社Guardian**  
**Kabushishikikaisha Guardian**
- **Furigana (カ) ガーディアン**

**Transfer date**

DD\_\_\_\_/MM\_\_\_\_/YYYY\_\_\_\_

(Please attach a copy of proof of bank transfer.)

### 3. Personal identification

a) Applicant <input type="checkbox"/> Named person <input type="checkbox"/> Legal representative <input type="checkbox"/> Voluntary representative
b) Identification documentation <input type="checkbox"/> Driver's license <input type="checkbox"/> Health insurance Card <input type="checkbox"/> My Number Card (with address) <input type="checkbox"/> Residence Card、 Special Permanent Resident Certificate, or Alien Registration Card <input type="checkbox"/> Other ( ) * When requesting an invoice, please attach a copy of documentation with address
c) Please only provide if applicant is legal representative/voluntary representative (i) Applicant status <input type="checkbox"/> Minor (DOB: DD ___/MM___/YYYY___) <input type="checkbox"/> Legal guardian <input type="checkbox"/> Authorized representative (ii) Full name (Furigana) _____ (iii) Address/residence _____
d) If a legal representative makes the request, please submit one of the following documents (in addition to A). Documents verifying request eligibility: <input type="checkbox"/> Family register <input type="checkbox"/> Certificate of registered matters <input type="checkbox"/> Other ( )

(Application Forms, etc)

#### 1. Name, address, and contact information

Please enter your name and address correctly, as we will use them to notify you of our decision to make corrections. Please enter your telephone number, as it will be necessary for us to contact you. In the case of a request for correction by a legal representative, please provide the name, address, residence and telephone number of the legal representative.

#### 2. Date of displaying personal information pertaining to the request for cease of use

Please enter the date of the display of the personal information listed in 3.

#### 3. Personal information disclosed based on the disclosure decision

Please state the name of the individual pertaining to "personal information that has been disclosed based on the decision to disclose". Please note that you can only make a request for correction, etc. of personal information that has been disclosed based on the decision to disclose (see Article 5(3) of our policy on protection of personal information).

#### 4. Purpose and Reason for Cease of Use Request

(1) Purpose of the request for cease of use

Briefly describe for which detail is cease of use being requested.

(2) Reason for the request for cease of use

In accordance with our company's policy of protection of personal information, the reason for the request for a stop of use is not required for the cease of use request, but we would appreciate it if you could clearly and concisely state the reason why you think the request is appropriate, if you would like, for our reference. If you cannot fully describe it in this column, you may refer to this column, write it on a separate sheet, and submit it as an attachment to this request form.

#### 5. Time Limit for Cease of Use Request

In accordance with the provisions of the Guidelines, a request for correction, etc. must be filed within 90 days from the date of receipt of the disclosure of the personal information.

#### 6. Personal identification documents, etc.

##### (1) Request for cease of use, etc. by a person

When requesting cease of use of your personal information by sending a written request for correction of your personal information, please submit a copy of a document for your own identification (driver's license, health insurance card, my number card, residence card, foreigner registration card or any other document that shows your address and name) copied front and back by a photocopier, together with a copy of the residence certificate (must be made within 30 days before the day you make the request for disclosure). A copy of the residence certificate (juminhyo) is an official document issued by the municipality and a photocopy of the certificate is not acceptable.

##### (2) Request for cease of use, etc. by a representative

Please fill in the "Applicant status" column only if the request is made by a representative. The required information is the status of the applicant, his/her nomination and his/her address or place of residence. If the request is made by a legal representative, please submit a copy of his/her family register, an extract from his/her family register, a certificate of registered matters of the adult contribution registration, or other documents proving that he/she is the legal representative (these must have been made within 30 days before the date of the request). Please note that a copy of the family register and other documents certifying that you are the legal representative are official documents issued by the city, town or village, etc. Copies of such documents are not acceptable.