

# Personal Information Disclosure Request Form

Request Date:    YY       MM       DD

TO: HOTEL JAL CITY NAHA

Pursuant to the provisions of the Act on the Protection of Personal Information, I hereby request that you disclose personal information retained by your company in relation to the following covered person.

(Input required for all items marked ※)

<b>1. Covered Person</b>  <input type="checkbox"/> Covered Person  <input type="checkbox"/> Agent <input type="checkbox"/> Legal Agent <input type="checkbox"/> Discretionary Agent <input type="checkbox"/> Other <small>(If agent request, complete the agent details below.)</small>	Kana reading ※		
	Full Name ※	SEAL	
	Kana Home address ※		
	Telephone 1 ※	Home	
	Telephone 2	Mobile or work	
	Contact for communications from hotel ※		
	FAX No.		
E-mail			
<b>2. Information about Agent, etc.</b>			
Relationship to covered person <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Heir <input type="checkbox"/> Other (       )			
Kana			
Full Name		SEAL	
Telephone		(Circle one : Home • Work • Mobile)	
<b>3. Scope of the disclosure request</b> ※ (Please give details regarding the personal information requested.)			
<b>4. Details of Request</b> ※ (Please provide detailed information.)			

<b>(COMPANY SECTION) Record Number</b> [NO.       -       ] Note:			
■ Date of request:    /    /    : (AM • PM)    ■ Requested by    Phone / E-mail / Other (       )			
■ Official identification documents (copy) : [Identity document No.       ]			
1 of <input type="checkbox"/> driver's license <input type="checkbox"/> passport <input type="checkbox"/> individual number card <input type="checkbox"/> basic resident registration card			
<input type="checkbox"/> resident card or special permanent resident certificate			
2 of <input type="checkbox"/> health insurance card <input type="checkbox"/> pension book <input type="checkbox"/> copy of family register <input type="checkbox"/> abstract of family register			
<input type="checkbox"/> residence certificate			
■ Document evidencing agency right [       ]       Person in Charge    Seal			
■ Received by :       Section    Seal /Division		■ Response date:    /    /	
Manager    Seal		Manager    Seal	
■ Chief Privacy Officer : Signature       Seal			

**■ Postage of request forms and fees**

When making a request, be sure to include the necessary documents listed below and a 300 yen postal note, and send by simple registered mail (*kani kakitome*) or certified mail (*tokutei kiroku yubin*). Please also write "Disclosure Request Enclosed" on the envelope.

**【Forms required and fees】**

**1. If request is from the covered person themselves**

- (1) This Personal Information Disclosure Request Form (fully completed with name and seal)
- (2) 300 yen postal note (*kokawase*) (fee)
- (3) Identification documents (still valid and not expired)

◇ Please submit a copy of at least one of the following documents (including portrait photo)  
If the address has changed, attach a copy of the reverse side (showing the change) after the change has been properly registered.

- ① driver's license, ② passport ③ individual number card (individual number card, including portrait photo side),
- ④ basic residence register card with portrait photo, ⑤ residence card or special permanent resident certificate (showing current address)

◇ If the above documents cannot be provided, at least two of the following documents will be required:

- ① a copy of health insurance card, ② copy of pension book, ③ copy or abstract of family register, ④ residence certificate
- ※ Documents ③ and ④ must have been issued within the last three months.

**2. If request is submitted by an agent**

If the request is submitted by an agent, the following documents are required, in addition to those in 1.(1) through (3) above.

- (4) identification documents of the agent (refer to above requirements for covered person)
- (5) power of attorney, etc.
  - ① If the agent is a person who has parental authority over the covered person: copy of family register of agent (issued within the last three months)
  - ② If the agent is the covered person's guardian: the certificate of registered information
  - ③ If discretionary agent: a power of attorney (with covered person's registered seal) and seal registration certificate for the seal used (must have been issued within the last three months)

**■ About the response**

A response will be sent in writing by simple registered mail to the address listed on the covered person's identification document. In the case of a disclosure request by a legal agent, responses are made to the legal agent at the time of the request.

Responses are also generally made in writing if upon investigation it is found that there is no retained personal data to disclose, or disclosure cannot be made due to incorrectly completed request form or insufficient documentation. Please note that the fee is non-refundable.

Responses take around two weeks from receiving a disclosure request. Please note, however, that in some cases more time can be required for investigation and response.

※ Personal information obtained in the process of a disclosure request is used by the company to carry out this request, confirm the covered person or agent, for fee handling and to respond to the disclosure request.

※ Personal information documents submitted will be destroyed appropriately without delay upon completing a response to a disclosure request.

Please note that such documents will not be returned.

**■ Address for questions or other requests regarding your disclosure request**

HOTEL JAL CITY NAHA  
TEL: +81-98-866-2580 (9:00 ~ 18:00 <excluding new year>)