

REQUEST FOR DISCLOSURE OF PERSONAL INFORMATION, CORRECTIONS OR DELETIONS

MM/DD/YYYY

Orihiro Co., Ltd.
General Affairs Section

Claimant	Name
	Address <div style="text-align: right;">Telephone</div>

(please check the corresponding box)

Content of Personal Information (please be as specific as possible.)	
Personal Information Request	<input type="checkbox"/> disclosure <input type="checkbox"/> acceptable use policy <input type="checkbox"/> correction <input type="checkbox"/> deletion <input type="checkbox"/> other ()
Description of errors in the Personal Information Profile (※)	

(※To request a correction or deletion of information, please be as specific as possible in detailing the error contained within the personal information profile. Please submit a separate piece of paper if your explanation does not fit in the space provided.)

[For Internal Use] (Please do not fill out the following information.)

Proof of Identity Documentation	<input type="checkbox"/> Driver's License (copy) <input type="checkbox"/> Health Card (copy) <input type="checkbox"/> Residence Form (transcript) <input type="checkbox"/> Passport (copy)
Person in Charge	
Remarks	