### Request for Retained Personal Data Disclosure

Date (mm/dd/yy):

# To Mitsubishi Corporation:

Home address (required)	Postal code:
Name (required)	
Phone number (required)	Home: ( ) - Daytime: ( ) -
Desired address for receiving reply notification from us (required) (Not required if it is the same as home address)	Postal code:

1. Identification key\*

(Check and enter in	□ Name of place of work	
the registered items)	_	
	□ Office address	Doctol ander
	office address	Postal code:
	Coffice whome number	
	☐ Office phone number	( ) -
	☐ Office fax number	( ) -
	☐ Office email address	
	☐ Private email address	
	□ Department	
	□ Title	
	☐ Mobile phone number	( ) -
	□ Date of birth (mm/dd/yy)	
	□ MC membership No.	
	□ Former MC	Retirement date:
	officer/employee	Last department:
	□ Other	

<sup>\*</sup> Identification key is an item used to distinguish between information on people with the same name contained in the information registered by us.

2.	Disclosure request for pro	vided personal inform	ation		
	1) Subject organization na	ame (required)			
	Enter the name of our organization to which you provided your personal information:				
	(1) Head Office (Tok				
		: Select the relevant G			
	□ Corporate Staff S		□ Mobility Group		
	□ Environmental E		□ Food Industry Group		
	☐ Materials Solution		☐ Smart-Life Creation Group		
	□ Mineral Resourc		□ Power Solution Group		
	□ Urban Developm	nent & Infrastructure G	roup		
	Department name: E	nter the relevant depar	tment name.		
	Department name: E	(	)		
		`	,		
		r the relevant branch n	ame and department name.		
	Branch name: (	)			
ļ	Department name:	( )	relevant organization (required)		
	2) Name of the product/se	ervice provided by the	relevant organization (required)		
ļ	2)				
		answer, seminar participation	n, etc.) and time of personal information provision (required)		
	Situation:				
	Form:				
	Time of provision:	1: 6 4: 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			ase enclose related materials to whatever extent	-	
	is possible. e.g., seminar i	naterial, brochure or a	pplication form		
ļ					
		al data desired to be d	isclosed (required) (e.g., name, address or phone	;	
	number)				
ŀ	5) Desired method of disc	losure (required)		-	
			ments		
	☐ Mail to the desired address for receiving documents ☐ Email to the relevant individual's email address (in attachment)				
	☐ Office email address				
			tification in electronic medium such as CD-RON	Л	
	Desired address	Postal code:		Ī	
		1 ostal code.		200	
		<u> </u>		_	
	Note: If the disclosure by	the desired method w	ould incur large costs or is otherwise difficult, th	۵	
	disclosure will be made by		baild mean large costs of is officialise difficult, th	٠	
- 1		,			

6) Inq	uiry/Opinion
Note 1:	Enclose a copy of a document that identifies you as the relevant individual who owns the requested personal information such as a driver's license. If the document falls under "Othe in the confirmation field below, enter the specific document name. Send the identification document after making the registered domicile unreadable by blacking out or otherwise obscuring it.
Note 2:	In case of a request by an agent, enclose a power of attorney by the relevant individual (containing the relationship with the agent, the reason for requiring the agent, and the name address and phone number of the agent), a certificate of seal impression of the relevant individual (the power of attorney must have the registered seal impression affixed) and a copy of an identification card of the agent (public document such as a driver's license).
Confirm	nation field: Document that identifies you as the relevant individual (required)  □ Driver's license □ Other (

### Request for Retained Personal Data Disclosure

Date (mm/dd/yy):

## To Mitsubishi Corporation:

Home address (required)	Postal code: 123-4567
	#123 XX Heights, 1-2-3 Marunouchi, Chiyoda-ku, Tokyo
Name (required)	
	Taro Mitsubishi
Phone number	Home: (03) 1234-5678
(required)	Daytime: (090) 4321-5678
Desired address for	Postal code: 765-4321
receiving reply	
notification from us	VV Con VV Don't VV Comparting A.S. (Minetal Minetal In Tales)
(required)	XX Sec., XX Dept., XX Corporation, 4-5-6 Minato, Minato-ku, Tokyo
(Not required if it is the	
same as home address)	

#### 1. Identification key\*

(Check and enter in	Name of place of work	
the registered items)		XX Corporation
	•	
	office address	Postal code: 765-4321
		4-5-6 Minato, Minato-ku, Tokyo
	Office phone number	(03) 1111-2222
	Office fax number	(03) 1111-3333
	fice email address	taro.mitsubishi@aaaa.com
	Private email address	taro.mitsubishi@xxx.jp
	Department	
		XX Sec., XX Dept.
	Title	
		Section Manager
	Mobile phone number	(090) 4444-5555
	Date of birth (mm/dd/yy)	April 1, 1963
	<b>t</b> MC membership No.	000123
	□ Former MC	Retirement date:
	officer/employee	Last department:
	□ Other	

<sup>\*</sup> Identification key is an item used to distinguish between information on people with the same name contained in the information registered by us.

2 <u>. D</u>	oisclosure request for p	ovided personal informatio	n
	) Subject organization:		
			ovided your personal information:
	(1) Head Office (To		
	Group/Section nam	e: Select the relevant Group	o/Section.
	□ Corporate Staff	Section	□ Mobility Group
	□ Environmental	Energy Group	□ Food Industry Group
	□ Materials Solut	ion Group	☐ Smart-Life Creation Group
	□ Mineral Resour		□ Power Solution Group
		ment & Infrastructure Grou	
	Department name:	Enter the relevant departme (XX Dept.)	ent name.
(2	2) Branch in Japan: Ent	er the relevant branch name	e and department name.
	Branch name: (	)	
	Department name	e: (	
2	) Name of the product/	service provided by the rele	vant organization (required)
		-	
A	Apartment sales		
			.) and time of personal information provision (required)
	ituation: Show apartme		
	orm: Questionnaire and		
	ime of provision: April		
			enclose related materials to whatever extent is
<u>p</u>	ossible. e.g., seminar n	naterial, brochure or applica	tion form
L.			
		onal data desired to be discl	osed (required) (e.g., name, address or phone
n	umber)		
Δ	All registered personal i	nformation	
7 1	an registered personal r	Hormation	
5	) Desired method of di	sclosure (required)	
	Mail to the desired ad	dress for receiving documen	nts
	Email to the relevant i	ndividual's email address (i	n attachment)
	□ Office email address		
	Mail to the desired add	lress to receive reply notific	cation in electronic medium such as CD-ROM
	Desired address	Postal code:	
N	Note: If the disclosure b	y the desired method would	l incur large costs or is otherwise difficult, the
i .			

disclosure will be made by mailing documents.

6) Inquiry/Opinion		

- Note 1: Enclose a copy of a document that identifies you as the relevant individual who owns the requested personal information such as a driver's license. If the document falls under "Other" in the confirmation field below, enter the specific document name. Send the identification document after making the registered domicile unreadable by blacking out or otherwise obscuring it.
- Note 2: In case of a request by an agent, enclose a power of attorney by the relevant individual (containing the relationship with the agent, the reason for requiring the agent, and the name, address and phone number of the agent), a certificate of seal impression of the relevant individual (the power of attorney must have the registered seal impression affixed) and a copy of an identification card of the agent (public document such as a driver's license).

Confirmation field: Document the	at identifies you	u as the relevant individual (requ	uired)
Driver's license		` <b>.</b>	)