

Request for Retained Personal Data Suspension of Use, Etc.

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 the registered items)	<input type="checkbox"/> Name of place of work	
	<input type="checkbox"/> Office address	Postal code:
	<input type="checkbox"/> Office phone number	() -
	<input type="checkbox"/> Office fax number	() -
	<input type="checkbox"/> Office email address	
	<input type="checkbox"/> Private email address	
	<input type="checkbox"/> Department	
	<input type="checkbox"/> Title	
	<input type="checkbox"/> Mobile phone number	() -
	<input type="checkbox"/> Date of birth (mm/dd/yy)	
	<input type="checkbox"/> MC membership No.	
	<input type="checkbox"/> Former MC officer/employee	Retirement date: Last department:
	<input type="checkbox"/> Other	

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

2. Request for suspension of use, deletion, or suspension of third-party provision of provided personal information

1) Subject organization name (required)

Enter the name of our organization to which you provided your personal information:

(1) Head Office (Tokyo)

Group/Section name: Select the relevant Group/Section.

- Corporate Staff Section
- Environmental Energy Group
- Materials Solution Group
- Mineral Resources Group
- Urban Development & Infrastructure Group
- Mobility Group
- Food Industry Group
- Smart-Life Creation Group
- Power Solution Group

Department name: Enter the relevant department name.

()

(2) Branch in Japan: Enter the relevant branch name and department name.

Branch name: ()

Department name: ()

2) Name of the product/service provided by the relevant organization (required)

3) Situation, form (questionnaire answer, seminar participation, etc.) and time of personal information provision (required)

Situation:

Form:

Time of provision:

Note: To specify your personal information, please enclose related materials to whatever extent is possible. e.g., seminar material, brochure or application form

4) Item of retained personal data whose suspension of use, etc. is desired (required) (e.g., name, address or phone number)

5) Request category (required)

- Suspension of use, etc.
- Deletion
- Suspension of future third-party provision

6) Reason for desiring suspension of use, etc. (required)

7) Desired method of disclosure (required)

- Mail to the desired address for receiving documents
- Email to the relevant individual's email address (in attachment)
 - Office email address
 - Private email address
- Mail to the desired address to receive reply notification in electronic medium such as CD-ROM

Desired address	Postal code:

Note: If the disclosure by the desired method would incur large costs or is otherwise difficult, the disclosure will be made by mailing documents.

Request for Retained Personal Data Suspension of Use, Etc.

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 (required)	Home: (03) 1234-5678
	Daytime: (090) 4321-5678
Desired address for receiving reply notification from us (required) (Not required if it is the same as home address)	Postal code: 765-4321
	XX Sec., XX Dept., XX Corporation, 4-5-6 Minato, Minato-ku, Tokyo

1. Identification key*

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

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

2. Request for suspension of use, deletion, or suspension of third-party provision of provided personal information

<p>1) Subject organization name (required) Enter the name of our organization to which you provided your personal information: (1) Head Office (Tokyo) Group/Section name: Select the relevant Group/Section. <input type="checkbox"/> Corporate Staff Section <input type="checkbox"/> Mobility Group <input type="checkbox"/> Environmental Energy Group <input type="checkbox"/> Food Industry Group <input type="checkbox"/> Materials Solution Group <input type="checkbox"/> Smart-Life Creation Group <input type="checkbox"/> Mineral Resources Group <input type="checkbox"/> Power Solution Group <input checked="" type="checkbox"/> Urban Development & Infrastructure Group</p> <p>Department name: Enter the relevant department name. (XX Dept.)</p> <p>(2) Branch in Japan: Enter the relevant branch name and department name. Branch name: () Department name: ()</p>						
<p>2) Name of the product/service provided by the relevant organization (required)</p> <p>Apartment sales</p>						
<p>3) Situation, form (questionnaire answer, seminar participation, etc.) and time of personal information provision (required) Situation: Show apartment visit Form: Questionnaire answer Time of provision: April 1, 2022 Note: To specify your personal information, please enclose related materials to whatever extent is possible. e.g., seminar material, brochure or application form</p>						
<p>4) Item of retained personal data whose suspension of use, etc. is desired (required) (e.g., name, address or phone number)</p> <p>All registered personal information</p>						
<p>5) Request category (required) <input checked="" type="checkbox"/> Suspension of use, etc. <input type="checkbox"/> Deletion <input type="checkbox"/> Suspension of future third-party provision</p>						
<p>6) Reason for desiring suspension of use, etc. (required)</p> <p>No need to have DMs sent because I've purchased an apartment from another company.</p>						
<p>7) Desired method of disclosure (required) <input checked="" type="checkbox"/> Mail to the desired address for receiving documents <input type="checkbox"/> Email to the relevant individual's email address (in attachment) <input type="checkbox"/> Office email address <input type="checkbox"/> Private email address <input type="checkbox"/> Mail to the desired address to receive reply notification in electronic medium such as CD-ROM</p> <table border="1"><tr><td>Desired address</td><td>Postal code:</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> <p>Note: If the disclosure by the desired method would incur large costs or is otherwise difficult, the disclosure will be made by mailing documents.</p>	Desired address	Postal code:				
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