

Request for Retained Personal Data Correction, 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 correction or deletion of or addition to 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.

- | | |
|---|--|
| <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 type="checkbox"/> Urban Development & Infrastructure 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 desired to be corrected (required) (e.g., name, address or phone number)

5) Reason for desiring correction (required)

6) Content of desired correction (required)

(1) Before correction

(2) After correction

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.

8) Inquiry/Opinion

Note 1 : Enclose a copy of a document that identifies you as the relevant individual who owns the personal information you are applying for 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 that identifies you as the relevant individual (required)

Driver's license Other (_____)

Request for Retained Personal Data Correction, Etc.

Date (mm/dd/yy):

To Mitsubishi Corporation:

Home address (required)	Postal code: 123-8888
	#303 XX Apartment, 1-2-3 Shinagawa, Shinagawa-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 checked="" 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 correction or deletion of or addition to 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.

- | | |
|---|--|
| <input type="checkbox"/> Corporate Staff Section | <input checked="" 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 type="checkbox"/> Urban Development & Infrastructure Group | |

Department name: Enter the relevant department name.

(XX Dept.)

(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)

Auto parts

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

Situation: Participation in an exhibition

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

4) Item of retained personal data desired to be corrected (required) (e.g., name, address or phone number)

Address

5) Reason for desiring correction (required)

Residence transfer

6) Content of desired correction (required)

(1) Before correction

Postal code: 123-4567

#123 XX Heights, 1-2-3 Marunouchi, Chiyoda-ku, Tokyo

(2) After correction

Postal code: 123-8888

#303 XX Apartment, 1-2-3 Shinagawa, Shinagawa-ku, Tokyo

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.	
8) Inquiry/Opinion	

- Note 1 : Enclose a copy of a document that identifies you as the relevant individual who owns the personal information you are applying for 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 that identifies you as the relevant individual (required)	
<input checked="" type="checkbox"/> Driver's license	<input type="checkbox"/> Other ()