

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 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.

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 (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 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 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. Disclosure request for 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"/> Energy & Power Solution 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 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: <u>To specify your personal information, please enclose related materials to whatever extent is possible.</u> e.g., seminar material, brochure or application form</p>						
<p>4) Item of retained personal data desired to be disclosed (required) (e.g., name, address or phone number)</p> <p>All registered personal information</p>						
<p>5) 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:	
Desired address	Postal code:					
					
					

