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

1. Identification key*

1. Identification key							
(Check and enter in the	□ Name of place of work						
registered items)	1						
registered tients)							
	□ Office address	Postal code:					
		Postal code.					
	□ 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						

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

personal information	, , ,						
1) Subject organization na	ame (required)						
Enter the name of our org	anization to which you pr	rovided your personal information:					
(1) Head Office (Tol							
Group/Section name	: Select the relevant Grou	p/Section.					
Corporate Staff S	Section	Mobility Group					
Environmental E		Food Industry Group					
Materials Solution		Smart-Life Creation Group					
Mineral Resource		Power Solution Group					
Urban Developm	ent & Infrastructure Grou	up					
Department name: F	Enter the relevant departm (ent name.					
(2) Branch in Japan: Ente Branch name: ()						
2) Name of the product/or	()	evant organization (required)					
2) manie of the product/se	a vice provided by the fel	evant organization (required)					
3) Situation, form (questionnaire	answer, seminar participation, et	c.) and time of personal information provision (required)					
Situation:							
Form:							
Time of provision:							
		e enclose related materials to whatever extent is					
possible. e.g., seminar material, brochure or application form							
		on of use, etc. is desired (required) (e.g., name,					
address or phone number	address or phone number)						
5) Request category (requ	ired)						
\Box Suspension of use, etc.	iica)						
\Box Deletion							
\Box Suspension of future th	ird-narty provision						
6) Reason for desiring sus		uired)					
	pension of use, etc. (requ	in cu)					
7) Desired method of disc	losure (required)						
☐ Mail to the desired add		ents					
□ Email to the relevant in							
□ Office email address	□ Private email addres	SS					
□ Mail to the desired add	ess to receive reply notif	ication in electronic medium such as CD-ROM					
Desired address	Postal code:						
	<u>l</u>						
Note: If the disclosure by	the desired method wo	ald incur large costs or is otherwise difficult, the					
disclosure will be made b		and mean range costs of is otherwise annount, the					

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

8) Inqui	ry/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).
Confirma	ation field: Document that identifies you as the relevant individual (required)
	$\Box \text{ Driver's license} \Box \text{ Other } () $

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

1. Identification key*

(Check and enter in the	Name of place of work					
registered items)		XX Corporation				
	Image: white the second se	Postal code: 765-4321				
		4-5-6 Minato, Minato-ku, Tokyo				
	for the phone number	(03) 1111-2222				
	Office fax number	(03) 1111-3333				
	ffice 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				
	MC membership No.	000123				
	Former MC	Retirement date:				
	officer/employee	Last department:				
	□ Other					

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2.	. Request	for	suspension	of	use,	deletion,	or	suspension	of	third-party	provision	of	provided
pe	ersonal inf	òrm	ation										
	1) Subject	ora	nization na	ne l	requi	ired)							

1) Subject organization n	ame (required)					
		ded your personal information:				
(1) Head Office (To						
	e: Select the relevant Group/S	ection				
□ Corporate Staff		Mobility Group				
Environmental I		Food Industry Group				
□ Materials Soluti	<i>Ci</i> 1	□ Smart-Life Creation Group				
	-	-				
□ Mineral Resource		Power Solution Group				
Urban Developr	nent & Infrastructure Group					
	7 , , 1 1 , 1 , , ,					
Department name: I	Enter the relevant department	name.				
	(XX Dept.)					
(2) Durant in Language East		1 1				
	er the relevant branch name ar	id department name.				
Branch name: ()					
Department name	:: () ervice provided by the relevan					
2) Name of the product/s	ervice provided by the relevan	nt organization (required)				
Apartment sales						
		nd time of personal information provision (required)				
Situation: Show apartme						
Form: Questionnaire ans	wer					
Time of provision: April	1, 2022					
Note: To specify your personal information, please enclose related materials to whatever extent is						
possible. e.g., seminar m	aterial, brochure or application	n form				
		of use, etc. is desired (required) (e.g., name,				
address or phone number)						
1	,					
All registered personal in	oformation					
8 1						
5) Request category (req	uired)					
Suspension of use, etc.						
□ Deletion						
\Box Suspension of future th	hird-party provision					
	spension of use, etc. (required	1)				
b) Reason for desiring su	spension of use, etc. (requiree	1)				
No pood to have DMs so	nt bacques I've nurchesed on (apartment from another company.				
No need to have Divis ser	in because I ve purchased an a	apartment nom another company.				
7) Desired method of dis						
	lress for receiving documents					
	ndividual's email address (in a	uttachment)				
□ Office email address						
\Box Mail to the desired add	lress to receive reply notificati	ion 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) Inqui	ry/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).
Confirma	ation field: Document that identifies you as the relevant individual (required) Driver's license