



2. Inquiry/Opinion

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3. 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 Third-Party Provision Record

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 Team, XX Dept., XX Corporation, 4-5-6 Minato, Minato-ku, Tokyo

## 1. Organization holding the 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Corporate Staff Section</td> <td><input checked="" type="checkbox"/> Mobility Group</td> </tr> <tr> <td><input type="checkbox"/> Environmental Energy Group</td> <td><input type="checkbox"/> Food Industry Group</td> </tr> <tr> <td><input type="checkbox"/> Materials Solution Group</td> <td><input type="checkbox"/> Smart-Life Creation Group</td> </tr> <tr> <td><input type="checkbox"/> Mineral Resources Group</td> <td><input type="checkbox"/> Power Solution Group</td> </tr> <tr> <td><input type="checkbox"/> Urban Development &amp; Infrastructure Group</td> <td></td> </tr> </table> <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>	<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	
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<input type="checkbox"/> Mineral Resources Group	<input type="checkbox"/> Power Solution Group									
<input type="checkbox"/> Urban Development & Infrastructure Group										
<p>2) Name of the product/service provided by the relevant organization (required)</p> <p>Auto parts</p>										
<p>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: <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>										

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Want to have the record of provision of my personal data to third parties.

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