Application for Disclosure of Personal Information

Date :	
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To: Reception	Desk for Requests	for Disclosure	or the Like	of Personal	Information
Dexerials	Corporation				

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Applicant	Address:
	Name :
	Telephone:
	e-mail:
Applicant Category	□ Applicant himself/herself
	□ Agent
Request	□ Disclosure
	□ Correction, addition or deletion
	☐ Termination of use or removal
	□ Other (
Way for Disclosure	(
	*In the event of no description, we will disclose the information in the manner
	specified by our company.
Description of / Reason	
for request	
	*Please provide specific details so that we can take appropriate action such as
	disclosure.

- When this application is submitted by the applicant himself/herself, please make sure to attach a copy of your personal identification confirmation document (health insurance card, driver's license, etc.).
- When this application is submitted by an agent, please makes sure to attach copies of personal identification confirmation documents for both the principal and the agent and the original of power of attorney.
- 3. Personal information in this form will be used only as required to perform the disclosure of this information of other requested action.

^{*}Notes regarding mailing this application form