

Application for Personal Information Inquiries

Please complete the following form based on the content of your request.

Date of Application (/ /): _____

Applicant Information (※Asterisk denotes the information required for contact.)					
※Name:	Sex: <input type="checkbox"/> Male / <input type="checkbox"/> Female				
※Address: 〒 -		※ (印)			
※Phone number: ()					
E-mail address: @					
Identification material: <input type="checkbox"/> Copy of driver's license / <input type="checkbox"/> Copy of passport / <input type="checkbox"/> Copy of health insurance card					
Request by proxy (※Asterisk denotes the information required for contact.)					
※Name of proxy:					
Proxy identification material: <input type="checkbox"/> Copy of driver's license / <input type="checkbox"/> Copy of passport / <input type="checkbox"/> Copy of health insurance card					
Items requested					
<input type="checkbox"/> Notification of the purpose of use of personal information <input type="checkbox"/> Disclosure of personal information <input type="checkbox"/> Correction of personal information <input type="checkbox"/> Addition to personal information <input type="checkbox"/> Deletion of personal information <input type="checkbox"/> Suspension of use of personal information <input type="checkbox"/> Erasure of personal information registered at JMRN <input type="checkbox"/> Suspension of release to a third party					
Personal information targeted by the request					
(Note 1) Please write as much as possible regarding where and when the personal information was registered at JMRN. (Note 2) JMRN cannot respond to requests in the case that the personal information has already been discarded.					
Internal Entry Form					
[Other reasons]					
Date of Receipt (/ /): / <input type="checkbox"/> Request by the individual <input type="checkbox"/> Request by proxy	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="text-align: center; padding: 2px;">Chief Privacy Officer</td></tr> <tr><td style="height: 40px;"> </td></tr> <tr><td style="text-align: center; padding: 2px;">/</td></tr> </table>		Chief Privacy Officer		/
Chief Privacy Officer					
/					
Date of Disclosure (/ /): /					
Date of Correction, etc. (/ /): /					
Staff Responding:					
Inquiry Management Number:					

[Purpose of use for the personal information acquired through this document]

Personal information acquired along with the request for disclosure, etc. shall only be handled within the scope necessary for the request for disclosure, etc.

After the response to the request for disclosure, etc is completed, the submitted documents shall be stored for one year and then discarded by JMRN.