# Guidance on Request for Disclosure and Others of Retained Personal Information

Please follow the procedures below when requesting for disclosure and others (including Disclosure, Notice of the Purpose of Use, Correction and addition of Personal Information, Discontinuance of the use of and/or deletion of the Personal Information and Discontinuance of provision to the third party) of personal information held by BeBridge,Inc.

BeBridge, Inc. Administrator of Personal Information

#### 1. How to make a request

- (1) Please fill out the attached "Request for Disclosure and Others of Retained Personal Information" and send a request for the disclosure and others of Retained personal information under the Act on the Protection of Personal Information by postal mail.
- (2) Please note that we will not be able to accept your request in the following cases.
  - · All requirements are not fulfilled
  - No signature
  - · All necessary confirmation documents for disclosure are not enclosed in an envelope.
- \* Please note that we may need to ask you to resubmit the complete set of confirmation documents when it falls into one of the categories described above.
- (3) Please write "REQUEST FORM ENCLOSED" in red to the front side of an envelope when sending Request for Disclosure and Others of Retained Personal Information.

### 2. Identity verification

- (1) Please send one of the following valid identity verification documents of the individual to whom the disclosure and others applies by postal mail together with Request for Disclosure and Others of Retained Personal Information
  - · Certification of resident or Resident Card (must be issued one (1) month before the requests)
  - · Copy of driver license.
  - Copy of passport
  - · Copy of health insurance card
  - Copy of pension handbook
- (2) In addition to documents above (1), please send following documents if the request is made by agent.
  - A. If the request is made by statutory agent
    - A document which can prove that statutory agent has the Authority of Statutory Representation (1 original copy of transcript of a family register indicating dependents, 1 copy of health insurance card or 1 original copy of resident card)
    - A document which can identify the statutory agent is the person themselves.
       (One of documents described above (1) with regards to the statutory agent—1pcs)
  - B. If the request is made by a privately appointed agent.
    - 1 copy of proxy letter
    - A document which can identify the agent is the person themselves.
       (One of documents described above (1) with regards to the agent—1pcs)

## 3. Fees

- (1) Request for the disclosure of personal information or Notice of the Purpose of Use Fee of 1,000 JPY (including tax) is required for each request. Please enclose "1,000 JPY of postal mail order" together with necessary documents to request for the disclosure of personal information.
- (2) Other fees than above (1) No other fees are required.

#### 4. Mailing address

Please send all necessary documents to the following address by registered mail with acknowledgement of receipt when they are prepared.

[Send to] 9F Marunouchi Building, 1-6-5 Marunouchi, Chiyoda-ku, Tokyo Japan 100-0005 BeBridge, Inc. Administrator of personal information

\*The postage may be paid at requester's expense

# 5. Reply to request

Reply to request will be sent to the address of the person to whom the disclosure and others applies as written in the following request form or address of the requester below in writing.

# Request for Disclosure and Others of Retained Personal Information

Request date:	1 1

Dear: BeBridge, Inc	С
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I hereby request, as stated below, and in accordance with "the Act on the Protection of Personal Information" a disclosure and others of Retained Personal Information

	osure and others of Retain e disclosure and others i	ned Personal Information is desired ("the Person")	
Address		•	
(with postal code)			
Phone number			
Name			
Signature			
Date of birth			
		ate your relationship with the s, address, name and signatu	
□ the Person		Agents (Relationship with the	
Address (with postal code)			
Phone number			
Name			
Signature			
3. Request Plea	ase tick the appropriate be	OX.	
□ Disclosure of Per			
<ul> <li>□ Notice of the Pu</li> <li>□ Correction and a</li> </ul>	ırpose of Use ddition of Personal Inform	nation	
□ Discontinuing of the property of the pro	the use of the Personal In		
	Personal Information providing to the third party	ı,	
	formation subject to disclo		
( The contents of con	rection or addition		)
(	rection of addition		)
Reasons for the req	<sub>l</sub> uest		,
* Please fill in what s	scenario has the personal in	formation been registered for th	ne item "Type of personal information
subject to disclosure' possible. Also, please	". In the item, "The content write specific reasons for the arate sheet of paper may be a	nts of correction or addition", pl	lease describe in as much detail as st". (When the given space for entry is
□ Send to a p		osure and others applies (the	Person) by post
	d through the note below	<b>v)</b> nside bold frame or tick the a	applicable box
<ol> <li>Please send all</li> <li>Please note that</li> </ol>	I personal identification do at we may not respond to will use retained personal	ocuments by registered mail your request if there are erro	with acknowledgement of receipt
[For office use only]	I		
ĺ	Pecaived by	Confirmed by	Pesponded by

Received by (Name, Signature, Date)	Confirmed by (Name, Signature, Date)	Responded by (Name, Signature, Date)
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