

Important Points on Request for Correction, Addition or Deletion of Retained Personal Data

1. When any correction, etc., is made to the retained personal data as requested, the Company will, in principle, send notification to the person identified by the personal data by postal mail. (When a statutory representative is the requester, the notice will be sent to the address of the statutory representative as stated in the request form).
2. It may take a long time to deliver a confirmation notice upon request due to the identity verification procedure relating to retained personal data. Your understanding in this matter is appreciated.
3. When the request is sent by a representative and yet the authority of representation cannot be verified, the person himself/herself may be contacted to verify the authority.
4. When it is found as a result of verification that the Company does not retain the requested personal data, the Company will notify you of such fact.
5. When the retained personal data is in accord with fact, special procedures are prescribed under laws and regulation, or correction, etc., is not necessary in consideration of the utilization purpose, the Company may not be able to respond to your request. In this case, the Company will notify you of such fact.
6. In cases in which the designated request form contains deficiencies, the Company may not be able to respond to your request.
7. The Company will utilize personal information provided through the request procedure within the scope necessary to follow the procedure for making the correction, etc., including verification of the identity of the person, examination of retained personal data, and communication with the person or his/her representative. The Company will not return the request form.

End of Document

Request for Correction, Addition or Deletion of Retained Personal Data

(Month / Date / Year)

To: Marubeni Forest LinX Co., Ltd.

(Personal Information Inquiry Desk, Compliance Dept.)

I hereby request that you ☐correct ☐add ☐delete]the retained personal data as stated below:

Requester	Address:	
	(frigana) Name:	seal
	Telephone number(home / mobile / office / other) _ _	
	Relationship with the requester: <input type="checkbox"/> Self <input type="checkbox"/> Statutory representative <input type="checkbox"/> Representative under entrustment	

When the requester is a statutory representative or representative under entrustment, please make sure to enter the address, name and telephone number of the person identified by personal data.

Personal identified by personal data	Address:	
	(frigana) Name:	Telephone number(home / mobile / office / other) _ _

Recipient of notification of purpose of use (select only when the requester is a representative under entrustment): ☐
 Person identified by personal data ☐Representative

【Necessary documents, etc.】

When the requester is the person identified by personal data	One of the following documents : <input type="checkbox"/> Resident register(original) <input type="checkbox"/> Driver's license (copy) <input type="checkbox"/> Passport(copy) <input type="checkbox"/> Health insurance card (copy) <input type="checkbox"/> Other certificate, etc., issued by a public organization()
When the requester is a statutory representative of a minor or adult ward (both①and②are mandatory)	①Document evidencing the authority of statutory representation (copy of family register / certificate of registered matters, etc.) ②One of the following documents of the statutory representative : <input type="checkbox"/> Resident register(original) <input type="checkbox"/> Driver's license (copy) <input type="checkbox"/> Passport(copy) <input type="checkbox"/> Health insurance card (copy) <input type="checkbox"/> Other certificate, etc., issued by a public organization()
When the requester is a representative under entrustment(all documents from①to③are mandatory)	①Power of attorney prepared by the person identified by personal data ②One of the following documents of the person identified by personal data : <input type="checkbox"/> Resident register(original) <input type="checkbox"/> Driver's license (copy) <input type="checkbox"/> Passport(copy) <input type="checkbox"/> Health insurance card (copy) <input type="checkbox"/> Other certificate, etc., issued by a public organization() ③One of the following documents of the representative : <input type="checkbox"/> Resident register(original) <input type="checkbox"/> Driver's license (copy) <input type="checkbox"/> Passport(copy) <input type="checkbox"/> Health insurance card (copy) <input type="checkbox"/> Other certificate, etc., issued by a public organization()

【Contents to be corrected / added / delated as requested】 (Please describe the contents in as much detail as possible.)

Item	Content before correction, etc. (not requested in the case of addition)	Content after correction, etc. (not requested in the case of deletion)

【Information to identify retained personal data to be corrected / added / delated】

(Please describe in as much detail as possible, to the extent that you can identify, the information that will be helpful in order for us to cross-check the retained personal data that is the subject of the request (e.g., information regarding direct mails about our products, questionnaires you filled out, etc.).)

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(Note) Please note that when there are deficiencies in the designated necessary matters and/or documents, the Company may not be able to make a correction, etc.