Request for Disclosure of Stored Personal Data

To: Personnel Group, OMRON SWITCH & DEVICES Corporation 2075 Miyoshi, Naka-Ku, Okayama, 703-8502 JAPAN

Please complete all applicable spaces on this request form and attach the necessary ID document(s), etc., and send them to OMRON SWITCH & DEVICES Corporation by post. (Postage should be paid by the sender.)

In accordance with the provision of Article 33-1 of the Act on the Protection of Personal Information, I would like to request that personal data identifying myself retained by your company be disclosed as follows:

1 Requesting party's information

(Date of request: YYYY/MM/DD)

Classification of	*Check the applicable box.						
requesting party	□ Person in question				Age	ent	
Name, address, date of							
birth, telephone	Name						Seal
number, and email	Date of birth					YYYY/MN	//DD
address of the person in	Address,						
question	etc.	TEL	()		
		Mail				@	
Name, address, date of	Name						Seal
birth, telephone	Date of birth						
number, and email	Address,						
address of the agent	etc.	TEL	()		
(when a request is		Mail				@	
made by an agent)							

- 2 ID document(s) to be submitted (Check the document(s) to be submitted)
 - (1) ID document(s) of the person in question or the agent (One of the following documents)

	Copy of driver's license		Copy of passport	 Copy of health insurance 		
ca	rd					
	□ Copy of alien registration card □ Other					
()			
☐ Copy of residence card ※When a request form is sent by post						

	or agent)							
	When a request is made by a legal representative on behalf of a minor (One of the							
	following documents)							
	□ Copy of extract of family register □ Copy of transcript of family register							
	□ Other()							
	· When a request is made by a legal representative on behalf of an adult ward (One of							
	the following documents)							
	□ Copy of certificate of registered matters □ Copy of certificate of							
	commencement of guardianship							
	□ Other(
	When a request is made by an agent with power of attorney (Both of the following)							
	documents)							
	□ Copy of power of attorney (affixed with a registered seal)							
	□ Copy of seal registration certificate for the seal affixed on power of attorney							
	(Seal of the person in question)							
	· When a request is made by an attorney, judicial scrivener, administrative scrivener,							
	or other person in business qualified to serve as an agent after receiving power of							
	attorney							
	□ Documents verifying the agent's qualification (Registration number, seal							
	registration certificate for an official seal)							
3	Details of the personal data you wish to be disclosed							
	*Please describe the contents of data you wish to be disclosed, when it was							
	provided, etc., in detail.							
4	Preferred method of reply to request							
	※Unless otherwise requested, a written reply will be sent to your email address. In the							
	case that you don't have an email address, a written reply will be sent to your postal							
	address.							

(2) ID document(s) of the agent (only when a request is made by a legal representative

5. The requesting party's relation to a deceased person in question and the need for the request in case of submitting a Request for Disclosure, etc., of personal data pertaining to the said deceased person (Complete this form only when requesting disclosure, etc., of personal data pertaining to a deceased person in question.)

※Please submit a copy of a document identifying the relationship between the requesting party and the deceased person in question [□ Copy of transcript of family register □ Copy of extract of family register □ Other ()].
Please note that OMRON may request the submission of a document, etc., justifying the necessity of requesting disclosure, etc., of personal data pertaining to the deceased person in question.