Request for Notification of Intended Utilization Purpose

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 32-2 of the Act on the Protection of Personal Information, I would like to request you to notify me of the intended purpose of using personal data identifying myself retained by your company as follows:

1 Requesting party's information

(Date of request: YYYY/MM/DD)

Classification of	%Check the a	pplicable bo	X.			
requesting party	□ Person in question			Age	ent	
Name, address, date of						
birth, telephone	Name					Seal
number, and email	Date of birth				YYYY/MM/	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 	
caı	rd				
□ Copy of alien registration card □ Other					
()		
☐ Copy of residence card ※When a request form is sent by post					

(2) ID document(s) of the agent (only when a request is made by a legal representative
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)
. Personal data for which you wish the utilization purpose to be notified
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

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.