Request for Disclosure of Stored Personal Data

To: Corporate planning department, OMRON Taiyo Co., Ltd.
1393-1, Aza Nakamuta, Oaza Uchikamado, Beppu-shi, Oita-ken, 874-0011, JAPAN

Please complete all applicable spaces on this request form and attach the necessary ID document(s), etc., and send them to OMRON Taiyo Co., Ltd.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 requesting party	※Check the applicable box.	
	□ Person in question □ Agent	
Name, address, date of birth, telephone number, and email address of the person in question	Name Date of birth	Seal YYYY/MM/DD
	Address, etc.	TEL ( ) Mail @
Name, address, date of birth, telephone number, and email address of the agent (when a request is made by an agent)	Name Date of birth	Seal
	Address, etc.	TEL ( ) Mail @

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 card

□ 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)

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.

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.