

Receipt Number:

Date:

To: Personal Information Inquiry Contact
Tokyu Land Corporation

Request for Disclosure, etc. of the Personal Information

I request the disclosure of the following items regarding my personal information which is in the possession of Tokyu Land Corporation.

1. Applicant (Please tick the applicable item below)

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|--|---|
| <input type="checkbox"/> Principal <input type="checkbox"/> Minor's Statutory Agent <input type="checkbox"/> Adult Ward's Statutory Agent <input type="checkbox"/> Representative Commissioned by the Principal | Address: Name: Phone Number: * Please provide an available daytime phone number. |
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2. In the case where the applicant is a representative, please provide the address and name of the principal.

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| Address: |
| Name: |
| Phone Number: |

3. Purposes of the request for the disclosure, etc. of the personal information

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| Purposes of the request (Please tick the applicable item(s)) | <input type="checkbox"/> Notification of the purposes of use <input type="checkbox"/> Disclosure of the personal information <input type="checkbox"/> Correction, addition or deletion of the personal information <input type="checkbox"/> Suspension of the use, cancellation or suspension of providing the personal information to a third party <input type="checkbox"/> Disclosure of the records provided by a third party |
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4. Please provide the specific affiliation and name of the requested "personal data in possession".

Business categories in which the personal information is connected with (Please tick the applicable item (s) below):

- Subdivided Housing (Condominiums / Detached Houses)
- Leased Offices
- Business-Airport
- Commercial Facilities
- Senior Housing
- Sports Facilities
- Hotels
- Resorts (Members-only Hotels / Cottages / Golf Courses / Ski Resorts)
- Other ()

Please provide the name or type, etc. of the personal data in possession, if you know. (i.e. Member of *Cosmos*, Member of **club, etc.)

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Time when our company obtained the above data:

[Approximately, ___(month), ___(year)]

9. Identity Verification Documents

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| <p>Identity Verification Documents of the Principal</p> | <p>A copy of <u>one (1)</u> identity verification document containing a photo of your face issued by a government or a public office such as a: <input type="checkbox"/> Driver’s License <input type="checkbox"/> Residence Card <input type="checkbox"/> Special Permanent Resident Certificate <input type="checkbox"/> Individual Number Card (Only the information contained on the front side of the card. Please do not provide to us the information contained on the back side of the card, which includes your Individual Number.)</p> <p>-----</p> <p>Or a copy of <u>two (2)</u> identity verification documents which do not contain a photo of your face issued by a government or a public office such as a: <input type="checkbox"/> Health Insurance Certificate <input type="checkbox"/> Pension Book (Please do not provide to us the portion including your Individual Number.) <input type="checkbox"/> Other []</p> |
| <p>Identity Verification Documents of the Principal and Representative in the Case of a Request from Representative</p> | <p>A copy of <u>one (1)</u> identity verification document containing a photo of your face issued by a government or a public office such as a: <input type="checkbox"/> Driver’s License <input type="checkbox"/> Residence Card <input type="checkbox"/> Special Permanent Resident Certificate <input type="checkbox"/> Individual Number Card (Only the information contained on the front side of the card. Please do not provide to us the information contained on the back side of the card, which includes your Individual Number.)</p> <p>-----</p> <p>Or a copy of <u>two (2)</u> identity verification documents which do not contain a photo of your face issued by a government or a public office such as a: <input type="checkbox"/> Health Insurance Certificate <input type="checkbox"/> Pension Book (Please do not provide to us the portion including your Individual Number.) <input type="checkbox"/> Other []</p> |

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|---|--|
| <p>Documents Verifying the Authority to Represent</p> | <p><input type="checkbox"/> In the case of a minor’s statutory agent, a certified copy of the family register or an abridged version of such copy and a copy of the residence certificate in which both names of the principal and representative are included and their relationship is indicated; <input type="checkbox"/> In the case of a guardian, etc. appointed as a guardian of an adult, etc., a certificate of registered matters; or <input type="checkbox"/> In the case where the authority to represent is given by the principal, a power of attorney affixed with the seal of the principal, and a seal registration certificate of the principal.</p> |
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10. Fees

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| <p>Prescribed fees will be charged for the notification of the purposes of use, disclosure of the personal information, and disclosure of the records provided by a third party. Please enclose a postal money order equivalent to 1,000 JPY when sending the form of the Request for Disclosure, etc.</p> | |
| <p>Fees: 1,000 JPY per request (by postal money order)</p> | <ul style="list-style-type: none"> • Notification of the purposes of use • Request for the disclosure of the personal information • Request for the disclosure of records provided by a third party |

 (Please do not fill in this section. It is for our company use only.)

| | |
|--|--|
| Identity Verification Documents of the Principal (*) | <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Individual Number Card <input type="checkbox"/> Residence Card <input type="checkbox"/> Special Permanent Resident Certificate <input type="checkbox"/> Health Insurance Certificate <input type="checkbox"/> Pension Book <input type="checkbox"/> Other [] |
| Identity Verification Documents of the Principal and Representative (*) in the Case of a Request from Representative | <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Individual Number Card <input type="checkbox"/> Residence Card <input type="checkbox"/> Special Permanent Resident Certificate <input type="checkbox"/> Health Insurance Certificate <input type="checkbox"/> Pension Book <input type="checkbox"/> Other [] |
| Documents Verifying the Authority to Represent | <input type="checkbox"/> Power of Attorney and Seal Registration Certificate <input type="checkbox"/> Certified Copy of the Abridged Family Register <input type="checkbox"/> Health Insurance Certificate Containing the Name of Dependents <input type="checkbox"/> Certificate of Registered Matters <input type="checkbox"/> Copy of Residence Certificate <input type="checkbox"/> Other [] |
| Person in Charge | (Extension) |
| Remarks | |

(*) Two (2) items should be verified if no photo of the principal's face is contained in the identity verification documents of said principal.