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)					
☐ Principal	Address:				
☐ Minor's Statutory Agent					
☐ Adult Ward's Statutory Agent	Name:				
☐ Representative Commissioned by	Phone Number:				
the Principal	* Please provide an available daytime phone				
	number.				
2. In the case where the applicant is a	representative, please provide the address and name of the principal.				
Address:					
Name:					
Phone Number:					
3. Purposes of the request for the disclosure, etc. of the personal information					
	☐ Notification of the purposes of use				
Purposes of the request	☐ Disclosure of the personal information ☐ Correction, addition or deletion of the personal information				
(Please tick the applicable item(s))	☐ Suspension of the use, cancellation or suspension of providing the personal				
	information to a third party				
	☐ Disclosure of the records provided by a third party				
4. Please provide the specific affiliati	on and name of the requested "personal data in possession".				
	onal information is connected with (Please tick the applicable item (s) below):				
☐ Subdivided Housing (Condominit ☐ Leased Offices	ims / Detached Houses)				
☐ Business-Airport					
☐ Commercial Facilities					
☐ Senior Housing					
☐ Hotels	□ Sports Facilities				
☐ 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 <i>Cosmos</i> ,					
Member of **club, etc.)					
Time when our company obtained the [Approximately,(month),(yea					

5. In the case where the affiliation and name, please answer the following questions. Pleas		
preuse answer the following questions. I leas	Time [Approximately, month / year]	Name of the Property, etc.
☐ You executed a sale and purchase agreement, etc. with our company.	, 1	
☐ You requested our company to send materials.		
☐ You visited our information desks on site / showrooms, etc.		
☐ You utilized any of our facilities.		
☐ You received direct mail or e-mail from our company.		
Please provide any other information, which may [Description]	y assist us in finding your re	equested "personal data in possession".
6. Please provide the following information in the Items requested to be revised Description	e case where you request re before the revision	Description after the revision
7. Our company may ask you questions or conconnection with the procedures for request method(s) of communication and contact in	ting the disclosure, etc. In	
Desired Method(s) of Communication ☐ Post ☐ Phone: Phone Number [☐ E-mail: E-mail Address []	
8. Please tick your desired method(s) of notificat Post: E-mail: Phone: Facsimile: Other:	ion of the results, and provi	de the necessary contact information.

9. Identity Verification Doc	cuments			
Identity Verification Documents of the Principal	A copy of one (1) identity verification document containing a photo of your face issued by a government or a public office such as a: □ Driver's License □ Residence Card □ Special Permanent Resident Certificate □ 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.) Or a copy of two (2) identity verification documents which do not contain a photo of your			
	face issued by a government Health Insurance Certific	or a public office such as a:		
Identity Verification Documents of the Principal and Representative in the Case of a Request from Representative	A copy of one (1) identity verification document containing a photo of your face issued by a government or a public office such as a: □ Driver's License □ Residence Card □ Special Permanent Resident Certificate □ 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.)			
	Or a copy of two (2) identity verification documents which do not contain a photo of your face issued by a government or a public office such as a: Health Insurance Certificate Pension Book (Please do not provide to us the portion including your Individual Number.) Other [
Documents Verifying the Authority to Represent	☐ 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; ☐ In the case of a guardian, etc. appointed as a guardian of an adult, etc., a certificate of registered matters; or ☐ 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.			
10. Fees				
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.				
Fees: 1,000 JPY per request (by postal money order)		 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 		

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(Please do not fill in this section. It is for our company use only.) Identity Verification □ Driver's License □ Passport □ Individual Number Card □ Residence Card Documents of the □ Special Permanent Resident Certificate □ Health Insurance Certificate □ Pension Book Principal (*) □ Other [Verification □ Driver's License □ Passport □ Individual Number Card □ Residence Card Identity □ Special Permanent Resident Certificate □ Health Insurance Certificate □ Pension Book Documents of the Principal and □ Other [1 Representative (*) in the Case of a Request from Representative Documents Verifying the □ Power of Attorney and Seal Registration Certificate □ Certified Copy of the Abridged Authority to Represent Family Register

Health Insurance Certificate Containing the Name of Dependents □ Certificate of Registered Matters □ Copy of Residence Certificate □ Other [

(Extension)

Person in Charge

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.