

**Request Form for disclosure, correction, suspension of use and deletion etc.  
of personal information**

To: Personal Information Helpdesk, Nippon Shinyaku Co., Ltd.

Date \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

I hereby request as follows with respect to my personal information in your possession.

**1** Request (Please check the item you request)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Notice of purpose of use                    | <input type="checkbox"/> 2 Disclosure                               |
| <input type="checkbox"/> 3 Correction (including addition or deletion) | <input type="checkbox"/> 4 Suspension of use                        |
| <input type="checkbox"/> 5 Deletion                                    | <input type="checkbox"/> 6 Suspension of provision to a third party |

**2** Information you request for disclosure (Please check any of the following information if you request for “2 Disclosure” in “**1** Request” above. You may select multiple information.)

- Personal information as a medical personnel
- Personal information as a user of Nippon Shinyaku’s contact information
- Personal information as a business partner
- Personal information as a shareholder
- Record of disclosure to/receipt from a third party of personal information
- Other personal information (Please describe the details; \_\_\_\_\_)

**3** Correction (Please fill in the following information if you request for “3 Correction (including addition or deletion)” in “**1** Request” above.)

Personal information **before** correction; \_\_\_\_\_

Personal information **after** correction; \_\_\_\_\_

**4** Reason for request

Please check one of the following reasons if you request for “4 Suspension of use” or “5 Deletion” in “**1** Request” above.

- Personal information is handled beyond the scope necessary to achieve the purpose of use.
- Personal information was obtained by illegitimate means.
- Other reason (Please describe the details; \_\_\_\_\_)

Please check one of the following reasons if you request for “6 Suspension of provision to a third party” in “**1** Request” above.

- Personal information is provided to a third party without my consent.

Other reason (Please describe the details; \_\_\_\_\_)

Method of response (Please check the method of response you request and fill in your contact information. However, response to the request for “2 Disclosure” will be made only by postal mail.)

Postal mail

(Postal mail address; \_\_\_\_\_)

Fax

(Fax number; \_\_\_\_\_)

E-mail

(E-mail address; \_\_\_\_\_)