Written Request for Suspension of Provision of Specific Personal Information, etc. by Second Party

To the person responsible for information management	
	f the Numbering Act and the Act on the Protection of Personal Information, I request that your company stop ormation, etc. to third parties out of the Specific Personal Information, etc. (Individual Number and Specific ion.
1.Claimant (the person himself/herself	
Month Date	
Address:	
Name:	seal
Phone number:	
*Please send a copy of the or to the contact person in cl	fficial certificate, etc. (see Attachment "Official Certificates, etc. That Can Verify Your Identity") by mail or e-mail narge of our company.
2. Reasons for Invoicing	
	to a third party in violation of the Numbering Act.
Please write down the rea	son for your scruff as concretely as possible and attach the supporting data. >
Third Party Name • Conta	act Information:
Specific Personal Informa	ation, etc:
Rationale for thinking it v	vas provided by our company:
3. If the request is made by a represent Address:	ative, please fill in the following.

A person who has parental authority for a person under 15 years old needs a copy of the family register.

A person who is a guardian of an adult of the person in question needs a certificate of registered matters.

Agents other than those mentioned above

Name:

Phone number:

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(i) A copy of the prescribed power of attorney with a registered seal on it, the seal registration certificate of the person himself/herself (within three months), and official certificates of the person himself/herself and his/her agent (see Attachment for details "Official Certificates, etc. That Can Confirm Identity") is required.

seal

Power of attorney

NTT LOGISCO CORPORATION To the person responsible for information management

Phone number:

I will delegate the request for the suspension of provision of private personal information etc. to the following persons out of specific personal information etc. held by your company (personal number and specific personal information).		
<the herself="" himself="" person=""></the>		
Month Date		
Address:		
Name:	seal	
Phone number:		
*The seal is a registered seal. You ne	d a copy of the seal registration certificate (within 3 months), official certificate, etc. (see "Official Certificates for	
Identity Confirmation, etc." in the detaile	attachment).	
< Delegator >		
Address:		
Name:		