

Invoice for Suspension and Elimination of Personal Information

NTT LOGISCO CORPORATION

To the person responsible for information management

In accordance with the provisions of the Act on the Protection of Personal Information, I request that your company stop using or delete my personal information from its possession.

1. Claimant (the person himself/herself)

Month Date

Address:

Name: seal

Phone number:

*Please send a copy of the official certificate, etc. (see Attachment "Official Certificates, etc. That Can Verify Your Identity") by mail or electronic mail to the person in charge of our company.

2. Reason for claim (one or both of suspension and erasure are enclosed with 0)

The user violates the provisions of the Act on the Protection of Personal Information, and requests the user to stop using or delete the information.

Please write down the reason for your scruff as concretely as possible and attach the supporting data. >

Third Party Name • Contact Information:

Personal Information Content:

Rationale for thinking it was provided by our company:

3. If the request is made by a representative, please fill in the following.

Address:

Name: seal

Phone number:

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

- (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.

Power of attorney

NTT LOGISCO CORPORATION

To the person responsible for information management

I would like to request your company to suspend or delete my personal information in its possession.

Delegate to.

<the person himself/herself >

Month Date

Address:

Name:

seal

Phone number:

*The seal is a registered seal. You need a copy of the seal registration certificate (within 3 months), official certificate, etc. (see "Official Certificates for Identity Confirmation, etc." in the detailed attachment).

< Delegator >

Address:

Name:

Phone number: