

Request for Correction, Addition and Deletion of Personal Data

To: Personal Data Inquiry Desk

Business Supervision Division, SECOM CO., LTD.

Request Date / /

5-1, Jingumae 1-chome, Shibuya-ku

Address

150-0001

Tel: 03-5775-8301

(Furigana)

Name

(Seal)

I am requesting the correction, addition or deletion of my Personal Data retained by SECOM CO., LTD. (Please fill out the form below.)

Details of Request	1. Select the purpose of your request. (Tick the box.)	
	<input type="checkbox"/> Correction	<input type="checkbox"/> Addition
	<input type="checkbox"/> Deletion	
2. Provide specific information about your Personal Data to identify the data subject to the above.		
(1) Categories of Personal Data (e.g., name, street address, workplace, family structure)		
(2) The name of the Personal Data file in which the above is registered / stored, the name of the related SECOM service or product, and the identification number of the contract or other related documents. (e.g., Contact List File, Secom Home Security, Contract Code T XXXXXX)		
3. Fill in your corrections. (For deletion, write "Deletion" in the Correct column.)		
1	Incorrect (Current)	
	Correct	
2	Incorrect (Current)	
	Correct	
3	Incorrect (Current)	
	Correct	
Notes	<p>- Requests should be sent by acceptance-recorded mail or simple registered mail with this request form and a set of attached documents.</p> <p>- Please be sure to enclose an original certificate of residence and one of the following documents or certificates to confirm your identity.</p> <p style="padding-left: 20px;">(Tick the box.) <input type="checkbox"/> Original certificate of residence and;</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"> <input type="checkbox"/> Copy of driver's license <input type="checkbox"/> Copy of passport <input type="checkbox"/> Copy of health insurance card </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"> <input type="checkbox"/> Original certificate of seal registration <input type="checkbox"/> Copy of alien registration certificate </div> </div> <p><input type="checkbox"/> Copy of pension handbook</p> <p>- If the request is made by a representative, the above documents or certificates for both the person and the representative and a letter of proxy from the person are required. (The letter of proxy must have the person's own personal seal and original certificate of seal registration.)</p> <p>- Responses will be sent by simple registered mail to the address provided in the above certificate. The submitted certificate will also be returned to you at that time.</p>	