

## Request for Suspension of Use and Erasure 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 suspension of use of my Personal Data retained by SECOM CO., LTD. (Please fill out the form below.)

Details of Request	<p>1. Select the purpose of your request. (Tick the box.)</p> <p style="text-align: center;"> <input type="checkbox"/> Suspension of use                      <input type="checkbox"/> Erasure         </p>
	<p>2. Provide specific information about your Personal Data to identify the data subject to the above.</p> <p>(1) Categories of Personal Data (e.g., name, street address, workplace, family structure)</p>  <p>(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)</p>
	<p>3. Specify the use of data you are requesting to suspend.</p> <p>(e.g., Sales calls by XXXX, direct mails from YYYY, etc.)</p>
	<p>4. Please describe the reason for your request for suspension of use or erasure, to the extent possible.</p>
Notes	<p>- Requests should be sent by <b>acceptance-recorded mail</b> or <b>simple registered mail</b> with this request form and a set of attached documents.</p> <p>- Please be sure to enclose <b>an original certificate of residence and one of the following documents or certificates</b> 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="font-size: 3em; line-height: 1;">{</div> <div style="text-align: center;"> <input type="checkbox"/> Copy of driver's license                      <input type="checkbox"/> Copy of passport                      <input type="checkbox"/> Copy of health insurance card  <input type="checkbox"/> Original certificate of seal registration                      <input type="checkbox"/> Copy of alien registration certificate  <input type="checkbox"/> Copy of pension handbook         </div> <div style="font-size: 3em; line-height: 1;">}</div> </div> <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 <b>simple registered mail</b> to the address provided in the above certificate. The submitted certificate will also be returned to you at that time.</p>