

Request for Cessation of Provision of Personal Data to Third Parties

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 to cease the provision of my Personal Data retained by SECOM CO., LTD. to third parties. (Please fill out the form below.)

	<p>1. 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>
Details of Request	<p>2. Specify the purpose of the third-party provision you are requesting to cease. (e.g., Sales calls by a third party XXXX Company, direct mails from a third party YYYY Corporation, etc.)</p>
	<p>3. Please describe the reason for your request for cessation, to the extent possible.</p>
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 <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> <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>