Date of Request:

To: SCREEN SPE Quartz Co., Ltd.

Personal Information Disclosure, etc. Request Form

Upon approval of the matters described in "3. Provisions Regarding the Procedures for a "Request for Disclosure, etc."" of your Privacy Policy, I hereby request Disclosure, etc. of retained personal data set forth in the Act on the Protection of Personal Information of Japan as follows.

Full Name			
Date of birth			
Address	〒 –		
Phone number			
E-mail address	() — Xdaytime phone number		
Company/Department			
F J I			
Nature of your	1. Notification of purpose of use 2. Disclosure of personal information 3. Revision of		
request	personal information 4. Addition of personal information 5. Deletion of personal		
*Please circle the	information 6. Suspension of use of personal information 7. Removal of personal		
appropriate number	information 8. Suspension of provision of personal information to third parties9. Disclosure of the record of provision to third parties		
	In case of 2. Disclosure of personal information or 9. Disclosure of the record of		
	provision to third parties, please designate the way of disclosure.		
	1. letter 2. E-mail		
Reason of your	*Please describe the reason specifically. In the case of No. 6 through No. 8 above, please specify		
request	the name or details of the service.		
*			
Situations or methods	*Please specify the details, such as registration of web service, user, membership, questionnaire,		
of providing personal information to	campaign or exhibition visitor, etc., repair request, license acquisition, application or inquiry.		
SCREEN			
Seitelli			
Identification	1. Driver's License 2. Passport 3. Health Insurance Card 4. Pension Booklet		
document	5. Residence Card 6. Individual Number Card (front side only)		

1. Information regarding the Applicant

*Please circle the	7. Other ()	XOne copy of any documents above
appropriate number		'	Acone copy of any documents doove

2. Information regarding the Representative XThe following items should be filled out only when

this request is made by a Representative:

Full name			
Date of birth			
Address	〒 _		
	*Please enter your complete address		
Phone number	() — Xdaytime phone number		
E-mail address			
Identification	1. Driver's License 2. Passport 3. Health Insurance Card 4. Pension Booklet		
document	5. Residence Card 6. Individual Number Card (front side only)		
XPlease circle the appropriate number	7. Other () *One copy of any documents above		
Relationship with	1. Person designated by the Applicant 2. Legal representative (person with parental		
the Applicant	authority, etc.)		
*Please circle the			
appropriate number	1 Deserve from the Amelianet and a contificate of the envirtual and officed to the Deserve		
Documents	1. Proxy from the Applicant and a certificate of the registered seal affixed to the Proxy		
verifying the	(within 3 months from the date of issue)		
authority of	Or 2. Transprint or abstract of family register, or a conv of regidence cortificate that above a		
Representative	2. Transcript or abstract of family register, or a copy of residence certificate that shows a		
*Please circle the	relationship with the Applicant (XOnly in the case of legal representative)		
appropriate number			

3. Other (Comments)

<Note>

The Applicant must fill in the necessary information in this request form and send it to the "Personal Information" Inquiries Office along with the necessary documents. In case of disclosure by letter, please attach postage fee for a response letter (postage stamps equivalent to the postage fee of standard size domestic mail up to 25 g and Restricted Delivery Mail Service provided by JAPAN POST Co., Ltd.).