

# Application Form for Disclosure of Customer Personal Data

(Date)

To: Accordia Golf Co., Ltd.

Applicant's name Seal

(The applicant or its agent)

I hereby make an application as follows, enclosing the necessary document (s) and prescribed charge (s).

※ Please fill in the columns for the applicant and the person whose information is to be disclosed in the handwriting of the applicant himself/herself or the statutory agent if the statutory agent is making the application. (Please check the appropriate box)

If the applicant is an agent: <input type="checkbox"/> Discretionary agent <input type="checkbox"/> Statutory agent	Address of agent: (Postal code      —      ) TEL      —      —		
Name of the person whose information is to be disclosed		Date of birth	Gender  Male/ Female
Present address of the person whose information is to be disclosed: (Zip code      —      ) TEL      —      —			
<ul style="list-style-type: none"> <li>• Category of request      <input type="checkbox"/> Notification of purposes of use      <input type="checkbox"/> Disclosure</li> <li>• Description of request for disclosure</li> <li><input type="checkbox"/> 1. Name, address, date of birth and other basic information</li> <li><input type="checkbox"/> 2. Other (      )</li> <li>• Reason for requesting disclosure (State specifically if "Other" is chosen)</li> <li><input type="checkbox"/> 1. For confirming your own information      <input type="checkbox"/> 2. For confirming the information of person whose information is to be disclosed</li> <li><input type="checkbox"/> 3. Other (      )</li> </ul>			
<ul style="list-style-type: none"> <li>• Charge      Please enclose postal money order</li> <li><input type="checkbox"/> 1. ¥1,260.- (If 1. of the description of request for disclosure applies)</li> <li><input type="checkbox"/> 2. ¥5,250.- (If 2. of the description of request for disclosure applies, including when 1. has also been designated)</li> <li><input type="checkbox"/> Please note that if our investigation reveals the personal information to be disclosed is not in our possession, we will respond as such but we cannot return the charge (s). Our response will be sent by mail to the applicant, limiting the recipient to the applicant.</li> </ul>			
<ul style="list-style-type: none"> <li>• Documents for confirming personal identity of the person whose information is to be disclosed</li> <li><input type="checkbox"/> We will confirm the identity of the person whose information is to be disclosed based on documents of A and B below:</li> <li>A. An original copy of any one of the following (Issued within the last three months)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Certificate of residence      <input type="checkbox"/> Certificate of matters indicated on alien registration</li> </ul> </li> <li>B. A copy of any one of the following (Within the effective period)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Driver's license      <input type="checkbox"/> Passport      <input type="checkbox"/> Health insurance certificate      <input type="checkbox"/> Other (      )</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>• Documents for confirming personal identity of the agent</li> <li><input type="checkbox"/> When an agent is the applicant, the following documents for confirming the personal identity of the agent are needed, in addition to the documents of A. and B. above (for the person whose information to be disclosed and the agent):</li> <li><input type="checkbox"/> For a discretionary agent: <input type="checkbox"/> Power of Attorney (affixed with registered seal) and certificate of seal registration (Issued within the last three months)</li> <li><input type="checkbox"/> For a statutory agent and if the person whose information is to be disclosed is a minor: <input type="checkbox"/> Certificate of residence etc.</li> <li>If the person is of age and the statutory agent is the guardian: <input type="checkbox"/> Certificate of registration matters related to guardianship for an adult; and Certificate of seal registration</li> <li>These are for confirming the relation between the person and agent</li> <li>A. An original copy of any one of the following documents for the statutory agent (Issued within the last three months)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Certificate of residence      <input type="checkbox"/> Certificate of matters indicated on alien registration</li> </ul> </li> <li>B. A copy of any one of the following documents of the statutory agent (In the effective period)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Driver's license      <input type="checkbox"/> Passport      <input type="checkbox"/> Health insurance certificate      <input type="checkbox"/> Other (      )</li> </ul> </li> </ul>			
(To be filled completed by our company)  <u>Date of receipt:</u>		Confirmation of the person and agent/ Receipt of charge  Handling	Seal of receipt

<u>Received by (General Affairs Department):</u> _____ /					
<u>Receipt No.:</u> _____ /					
<u>Name of the person receiving the application:</u> _____ /					
Response prepared on: (Date)			Forwarded on: (Date)		
Division in charge	Supervising employee	Handling employee	Received by (Division)	Supervising employee	Handling employee



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