

Request Form for Change in the Handling of Personal Information

To: Person in charge of personal information protection, Talk System Co., Ltd.

I request the following matters on my personal information that your company holds.

Date: _____

Address:

Name: _____

Telephone number: _____

Content of request on my personal information (circle the requested matter)	Disclosure of personal information Suspension of use Correction (change, addition, deletion)
Content of correction - New address - New telephone number - New fax number - New e-mail address - Other	
Organization to which personal information is provided (enter the organization in the parentheses)	Name of department () Name of branch () * Enter also the company name if you do not mind. Name of company ()
Identification document (circle the appropriate document)	Copy of: driver's license / health insurance card / family register / passport Copy of any another public document ()
Attachment(s) necessary for request by a legal representative (circle the document[s] submitted)	Document intended to confirm that the representative has legal representation authority Copy of family register or health insurance card (in the case of a person in parental authority, the document should contain dependent[s]) Copy of any another public document () Document intended to confirm that the person is a legal representative Copy of driver's license / health insurance card / family register / passport Copy of any another public document ()
Document(s) necessary for request by a privately appointed agent (circle the document[s] submitted)	Document on which a registered seal is affixed to prove that the person is appointed by the principal Letter of attorney / other () Certificate of the principal's registered seal (one copy) (essential)