

# The requires to disclose the personal informations

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To NAGAMINE MANUFACTURING Co.Ltd.

I require to disclose the personal informations to Nagamine Manufacturing Co.Ltd

Please Check it with the mark ○	Yourself Legal representative for minors The agent whom you trusted by yourself. In case of yourself, please fill in the form for 「yourself」as below, in case of agent, please fill in the form for 「 agent」as below.	
Yourself	〒 Address Name *The case of the require by your former name Former name Telephone Number	
Agent	〒 Address Name Telephone Number	
Claim item	Item	Claim item (Please check it with the mark ○ of claims to be required)
	No. 1	The inform of using of personal informations
	No. 2	The disclosure of personal informations
	No. 3	The correction of personal informations
	No. 4	The addition of personal informations
	No. 5	The deletion of personal informations
	No. 6	Stop using of personal informations
	No. 7	The elimination of personal informations
The way of disclosure		Please check it with the mark ○ either way of posting it or accepting it from Nagamine Manufacturing Co.Ltd

	<ul style="list-style-type: none"> <li>• In case of post it please enclose enough stamp to reply. We post it to either your address or agent' s .</li> <li>• In case of acceptance, we need the documents which let us know yourself or agent' s . Please bring NO. 1 (2) and No. 1 (2) (3) written in 「the procedures that about demand disclosure of personal informations」</li> <li>• If permanent address is explicitly shown in the documents which prove yourself or agency. please black out it.</li> </ul>
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About the personal informations

I am 「             」. I agree with 「About the disposal personal informations」 of Nagamine Manufacturing. And I will send necessary documents to 「The requires to disclosure of the personal informations」 to you.

Our entry column

The confirm of yourself・agency	The driver' s license / passport / Others(    )
The confirm of agent qualification	The driver' s license / Passport Letter of attorney / Others(    )
In charge of acceptance	Accept date:    /    /    Acceptance: