

Request for Suspension of Utilization, etc., of Stored Personal Data

To: Human Resources and Risk Management Div., Industrial Automation Company
OMRON Corporation
Shiokoji Horikawa, Shimogyo-ku, Kyoto 600-8530 Japan

Please complete all applicable spaces on this request form and attach the necessary ID document(s), etc., and send them to the Human Resources and Risk Management Div. by post. (Postage should be paid by the sender.)

In accordance with the provision of Article 35-1, 35-3 or 35-5 of the Act on the Protection of Personal Information of Japan, I would like to request that the utilization of personal data identifying myself retained by your company be suspended, etc., as follows:

1 Requesting party's information

(Date of request: YYYY/MM/DD)

Classification of requesting party	※Check the applicable box.	
	<input type="checkbox"/> Person in question <input type="checkbox"/> Agent	
Name, address, date of birth, telephone number, and email address of the person in question	Name	Seal
	Date of birth	YYYY/MM/DD
Address, etc.	Address, etc.	
	TEL () Mail @	
Name, address, date of birth, telephone number, and email address of the agent (when a request is made by an agent)	Name	Seal
	Date of birth	
Address, etc.	Address, etc.	
	TEL () Mail @	

2 ID document(s) to be submitted (Check the document(s) to be submitted)

(1) ID document(s) of the person in question or the agent (One of the following documents)

<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"/> Copy of alien registration card	<input type="checkbox"/> Other ()	
<input type="checkbox"/> Copy of residence card ※When a request form is sent by post		

(2) ID document(s) of the agent (only when a request is made by a legal representative or agent)

<ul style="list-style-type: none"> • When a request is made by a legal representative on behalf of a minor (One of the following documents) <ul style="list-style-type: none"> <input type="checkbox"/> Copy of extract of family register <input type="checkbox"/> Copy of transcript of family register <input type="checkbox"/> Other () • When a request is made by a legal representative on behalf of an adult ward (One of the following documents) <ul style="list-style-type: none"> <input type="checkbox"/> Copy of certificate of registered matters <input type="checkbox"/> Copy of certificate of commencement of guardianship <input type="checkbox"/> Other () • When a request is made by an agent with power of attorney (Both of the following documents) <ul style="list-style-type: none"> <input type="checkbox"/> Copy of power of attorney (affixed with a registered seal) <input type="checkbox"/> Copy of seal registration certificate for the seal affixed on power of attorney (Seal of the person in question) • When a request is made by an attorney, judicial scrivener, administrative scrivener, or other person in business qualified to serve as an agent after receiving power of attorney <ul style="list-style-type: none"> <input type="checkbox"/> Documents verifying the agent's qualification (Registration number, seal registration certificate for an official seal)

3 Details of your request

Classification of request	*Check the applicable box. <input type="checkbox"/> Suspension of use <input type="checkbox"/> Deletion ※ <input type="checkbox"/> Suspension of provision to third parties <small>※"Deletion" above includes making the personal data we possess unable to identify a specific individual, and in such a case, the said data will not necessarily be physically deleted. If you wish the data to be deleted, please use the request form "Request for Correction, etc., of Stored Personal Data."</small>
Reason for request	

--	--

4 Preferred method of reply to request

※Unless otherwise requested, a written reply will be sent to your email address. In the case that you don't have an email address, a written reply will be sent to your postal address.

5. The requesting party's relation to a deceased person in question and the need for the request in case of submitting a Request for Disclosure, etc., of personal data pertaining to the said deceased person (Complete this form only when requesting disclosure, etc., of personal data pertaining to a deceased person in question.)

※Please submit a copy of a document identifying the relationship between the requesting party and the deceased person in question [Copy of transcript of family register Copy of extract of family register Other ()].
Please note that OMRON may request the submission of a document, etc., justifying the necessity of requesting disclosure, etc., of personal data pertaining to the deceased

person in question.