Request for Notification of Intended Utilization Purpose

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 32-2 of the Act on the Protection of Personal Information of Japan, I would like to request you to notify me of the intended purpose of using personal data identifying myself retained by your company as follows:

1 Requesting party's information

(Date of request: YYYY/MM/DD)

Classification of		pplicable bo	ox.			
requesting party	 Person in question 			Age	ent	
Name, address, date of						
birth, telephone	Name					Seal
number, and email	Date of birth				YYYY/MM/	DD
address of the person in	Address,					
question	etc.	TEL	()		
		Mail			@	
Name, address, date of	Name					Seal
birth, telephone	Date of birth					
number, and email	Address,					
address of the agent	etc.	TEL	()		
(when a request is		Mail			@	
made by an agent)						

- 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)

	□ Copy of driver's license □ Copy of passport □ Copy of health insurance
	card
	□ Copy of alien registration card □ Other
	☐ 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)
	· When a request is made by a legal representative on behalf of a minor (One of the
	following documents)
	□ Copy of extract of family register □ Copy of transcript of family register
	□ Other (
	· When a request is made by a legal representative on behalf of an adult ward (One of
	the following documents)
	□ Copy of certificate of registered matters □ Copy of certificate of
	commencement of guardianship
	□ Other(
	When a request is made by an agent with power of attorney (Both of the following)
	documents)
	□ Copy of power of attorney (affixed with a registered seal)
	□ 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
	Documents verifying the agent's qualification (Registration number, seal
	registration certificate for an official seal)
3.	Personal data for which you wish the utilization purpose to be notified

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.
_	The requesting party's relation to a described paragraph in guestion and the pand for the
	The requesting party's relation to a deceased person in question and the need for the
	quest in case of submitting a Request for Disclosure, etc., of personal data pertaining to
the	e said deceased person (Complete this form only when requesting disclosure, etc., of
ре	rsonal 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.