Request for Correction, 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 34-1 of the Act on the Protection of Personal Information of Japan, I would like to request that personal data identifying myself retained by your company be corrected as follows:

1 Requesting party's information

(Date of request: YYYY/MM/DD)

Classification of						
requesting party	Person in question		[□ Ag	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 registr	ration card Other						
	Copy of allen registi							
	☐ Copy of residence of	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 guar	rdianship						
	□ Other (
	· When a request is made by an agent with power of attorney (Both of the following							
	documents)							
	Copy of power of	□ 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	eal of the person in question)						
	 When a request is ma 	a request is made by an attorney, judicial scrivener, administrative scrivener,						
	or other person in bu	siness qualified to serve as an agent after receiving power of						
	attorney	attorney						
	 Documents verify 	□ Documents verifying the agent's qualification (Registration number, seal						
	registration certificate for	or an official seal)						
3	Details of your request							
	Classification of	*Check the applicable box.						
	request	□ Correction □ Addition □ Deletion						
	Correction, etc., you							
	wish to make							

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.)

 \Re Please submit a copy of a document identifying the relationship between the requesting party and the deceased person in question [\square Copy of transcript of family register \square Copy of extract of family register \square 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.