

Request for Disclosure of Personal Information

*Acceptance Date	Month/Day/Year
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<Information of the principal person>

Please fill in the blanks below

Address		Date of request	Month/Day/Year
Last Name		Phone No.	
First Name		Date of birth	Month/Day/Year
Identity Verification Document of the principal person must be attached.			

<Information of the representative>

(Please fill in the blanks if request is from the representative)

Address		Date of request	Month/Day/Year
Last Name		Phone No.	
First Name		Date of birth	Month/Day/Year
a) Identity Verification Document of representative and b) Documents verifying the relationship to the principal person must be attached.			

<Details of Disclosure Request>

Please fill in the blanks below

Please specify occasions the principal person provided personal information.						
Information to be disclosed (Check the relevant item(s).)		Name		Address		Date of birth
		Phone No.		Credit card No.		E-mail address
		Purpose for use		Other()		

<All charges for necessary documents are at your expense.>

<To ensure security, send this form and the requested documents by recorded delivery at your expense.>

Note: Please leave columns marked with * blank.

*Control No.	PA—
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