

## Guidelines for Requesting Disclosure of Personal Information

Please refer to the guidelines below if you would like to request disclosure of your personal information, notification of purposes of use, corrections or additions to your personal information, deactivation of your account, or the removal of your personal information. We will respond to your request as required by the Act on the Protection of Personal Information.

Information Manager  
Pocket-menu Inc.

### 1. How to submit your request

- (1) Please complete the “Request for Disclosure of Personal Information” form at the end of this document, and mail it with the other required documents to the address below.
- (2) We will not be able to accept your request in the following cases:
  - when the submitted “Request for Disclosure of Personal Information” form is incomplete
  - when the required signatures are missing
  - when required identification documents are missingPlease note that in the cases listed above, we will need you to resend the required documents.
- (3) When mailing your request, please write “Confidential” on the envelope in red ink.

### 2. Acceptable identification documents

- (1) Please enclose one of the following documents (must be valid at time of request) so that we can confirm your identity when we submit your request.
  - A copy of residence record or residence card
  - A copy of your driver’s license
  - A copy of your passport
  - A copy of your health insurance card
  - A copy of your pension handbook
- (2) If you are submitting your request through a representative, please enclose the following documents in addition to the document designated in (1).
  - A. If you appointing a legal representative.  
A document confirming the identity of the legal representative. \*Please refer (1).
  - B. If you appointing a representative.
    - Letter of delegation with the address and date of birth of representative
    - A document confirming the identity of representative. \*Please refer to (1)

### 3. Information request fee

There is a fee of 1,000 JPY per request. When mailing the required documents, please enclose a 1,000 JPY money order payable to “Pocket-menu Inc.”

### 4. Mailing address

Once you have gathered the required documents, please mail them to:

Information Manager  
Pocket-menu, Inc.  
201 Bloom Omotesando 5-39-7 Jingumae, Shibuya-ku, Tokyo 150-0001

Please send the documents by registered post mail.

### 5. Our response to your request

We will mail our response to the address stated in the submitted request.

**Request for Disclosure of Personal Information**

Date of request: \_\_\_\_\_ ( MM / DD / YYYY )

Pursuant to the Act on the Protection of Personal Information, I hereby request information as stated on this form.

**1. The details of the person whose information you are requesting(Person concerned)**

Address

Phone number : Country code(+ ) ( )

First

Last

Date of  
Birth

( MM / DD / YYYY )

Name

Signature

( MM / DD / YYYY )

**2. Information of the requesting person(Requesting person)**

Please check the relationship to Person concerned. If it is "Yourself", please leave other cells blank.

Yourself       Legal representative

Representative (Relationship to Person concerned : )

Address

Phone number : Country code(+ ) ( )

First

Last

DO NOT WRITE HERE

Name

Signature

( MM / DD / YYYY )

**3. Details of request** Please check the relevant box.

Disclosure of personal information       Notification of purpose of use

Correction or addition to personal information       Deactivation of account

Removal of personal information

Type of personal information concerned ( )

Details of correction or addition ( )

Reason for request ( )

For "Type of personal information concerned," please describe the situation in which the information was registered. For "Details of correction or addition" and "Reason for request," please write in detail. (If you run out of space, please use a separate sheet and attach it to this document. There is no specific format.)

**4. The address to which our response should be mailed**

The address of Person concerned       The address of Requesting person

**Please review the following before submitting your request:**

1. Please fill out all the relevant sections of this form.
2. Please attach acceptable identification documents to this form as designated in the guidelines and send them to us through registered mail.

3. If any of the documents are incomplete, we may be unable to process your request.
4. Any personal information that you provide through this request will be used for the sole purpose of responding to this request.

**【For office use only】**

受付（担当者名（印）・日付）

本人確認（担当者（印）・日付）

回答（担当者（印）・日付）