Form requesting discontinuance of usage of "personal data" held by ANA

Request Date : , ,

Fill out the Form below and return to Personal Data Information Desk with documents required for confirmation of identification. (Postage is your responsibility.)
Please fill out all the items for column of information.

Personal Data Information Desk for discontinuance of usage and erasure request

＜Matters related to ANA Mileage Club＞
ANA Mileage Club
Personal Information Handling Desk
P.O.Box 20,Gate City Osaki Post Office,141-8411

＜Others＞
All Nippon Airways Co.,Ltd
Personal Information Handling Desk
Shiodome-city Center
1-5-2 Higashi-Shimbashi,Minato-ku,Tokyo,105-7133

Please note that this form is accepted only by mail.

Information to identify principal person for discontinuance of usage and erasure
(We may not be able to accept disclosure in case all column is not filled in.)

Last Name		Birth Date	Year Mon Day , ,
First Name			
Address	Zip Code		
Telephone	– –	*As we may call for identification, please fill in the phone available during day time.	
Documents to confirm identification of the principal	1.Driver's licence 2.Passport 3.Health insurance certificate 4.Basic resident register card with photo 5.Pension insurance booklet 6.Physical disability certificate 7.Foreign Resident Registration 8.Certificate of seal registration ***Please note that copy of two documents from above should be enclosed with this form.**		

Information of agent requesting discontinuance of usage and erasure
(Please fill in this column if request is not from the principal)

Last Name		Birth Date	Year Mon Day , ,
First Name			
Address	Zip Code		
Telephone	– –	*As we may call for identification, please fill in the phone available during day time.	
Relationship to the principal	1.A person with parental authority 2.Guardian 3.Agent 4.others（ ）		
Document to verify relationship to the principal	Authorization of agent, and 1.Person's family register 2.Guardian certificate		
Documents to confirm identification of agent	1.Driver's licence 2.Passport 3.Health insurance certificate 4.Basic resident register card with photo 5.Pension insurance booklet 6.Physical disability certificate 7.Foreign Resident Registration 8.Certificate of seal registration ***Please note that copy of two documents from above should be enclosed with this form.**		

Fee	Free

Types of requests to be handled

Circle the number for the type of request to be handled, and fill out details of discontinuance of usage or erasure.

	Item	Details
1 Discontinuance of usage		

	Item	Details
2 Erasure		

Handling of this discontinuance of usage and erasure request form

Personal data obtained in this form is only accepted for procedure of discontinuance of usage and erasure. We shall dispose this form and other related documents 1 month after our reply by appropriate method.

Requests for discontinuance of usage and erasure may not be acknowledged for reasons below.

- Required item is missing.
- Confirmation was not available.
- Requested item was not eligible for discontinuance of usage and erasure of personal data.
- To give serious impact to ANA's business operation.
- If it is against other law.
- If it is required to protect human life ,health, or property in cases where obtaining customer consent is difficult.

■Official use by ANA

Acceptance date and time	Management representative validation space
Received on : Year Month Date Hour Minute	