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

Request Date : / /

Please fill out the Form below and return to Personal Data Information Desk with documents required for confirmation of identification. (Postage stamps required.)
Please fill out all the items in the boxes below.

## 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 individual for discontinuance of usage and erasure

( We may not be able to accept disclosure in case all columns are not complete.)

| | | | |
|---|---|---|---|
| Last Name | | Birth Date | Day Mon Year / / |
| 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 card 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 representative requesting discontinuance of usage and erasure

(Please complete this column if request is not from the individual)

| | | | |
|---|---|---|---|
| Last Name | | Birth Date | Day Mon Year / / |
| First Name | | | |
| Address | Zip Code | | |
| Telephone | – – | | *As we may call for identification, please fill in the phone available during day time. |

## Documents required

| Relationship to the individual | Document to verify relationship to the individual | Documents to confirm identification of representative |
|---|---|---|
| 1. A person with parental authority | Person's family register | 1. Driver's licence 2. Passport 3. Health insurance card 4. Basic resident registration 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.** |
| 2. Guardian | Guardian certificate | |
| 3. Representative ( ) | Letter of Trust (Legal representatives shall provide certifying document) | |

| | |
|---|---|
| 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.**

**1 Discontinuance of usage**

| Item | Details |
|---|---|
| | |
| | |
| | |
| | |
| | |

**2 Erasure**

| Item | Details |
|---|---|
| | |
| | |
| | |
| | |
| | |

### 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.

### Denials for discontinuance of usage and erasure will be notified.

- Required item is missing.
- Confirmation was not available.
- Requested item was not eligible for discontinuance of usage and erasure of personal data.
- Discontinuance of usage and erasure has serious impact to ANA's business operation.
- Discontinuance of usage and erasure offends other laws.
- Life, health, property and other rights of the individual or third parties are affected.

Due to discontinuance or erasure of personal data, ANA may not be able to provide service to meet individual preferences.

**Official use by ANA**

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