

[ANA] Disclosure Request Form

Request Date: / /

1. Method for Receiving Response to Disclosure Request

Please choose from the following two methods of receipt. This form cannot be accepted at the ANA counter or on the plane.

(a) Mail

Please send the request form by mail to ANA Personal Data Information Desk together with documents for submission, etc.*. (Postage stamps required)

*See "2. Request Form and Documents for Submission, etc."

Personal Data Information Desk for Disclosure, etc.

Attention: Personal Information Handling Desk

All Nippon Airways Co., Ltd.

Address: 1-331-90, Kaminoshima-cho, Nagasaki-shi, Nagasaki, Japan, 850-0078

(b) Electronic file format

When making a request, please print and fill out this request form, and upload the request form and documents for submission, etc.* to the attached file field in the URL. URL: <https://ana.force.com/enjp/s/atmint-en>

The file formats that can be attached are ".pdf," ".jpg," ".jpeg," ".gif" and ".png." (File formats of images taken with smartphones fall under these categories.)

*See "2. Request Form and Documents for Submission, etc."

*If you wish to request disclosure by a method other than mail or electronic file format, please indicate your preferred method of disclosure on a separate sheet, and make a request by sending it by mail or uploading it to the attached file field in the URL listed in above.

Please note, however, that there may be cases in which it is not possible to disclose information by the specified method.

2. Request Form and Documents for Submission, etc.

(a) If a request is made by the individual: Please refer to Exhibits 1-1 and 1-2.

(b) If a request is made by the representative: Please refer to Exhibits 2-1 and 2-2.

For general inquiries such as reviewing your reservation and/or boarding information, you can obtain more details free of charge on our website at www.ana.co.jp or from our ANA Call Centers. You can also review your registered ANA Mileage Club member information on the ANA website or at the telephone counter (ANA Mileage Club Service Center).

(Exhibit 1-1)

*Please print out the cover page and (Exhibits 1-1 and 1-2), fill in Sections A and B, and attach them together with the documents for submission listed in Section C to make a request.

A. Information for Identifying Person to Whom Disclosure Pertains					
(Please fill out all items enclosed within the bold lines as there is a possibility that another person's personal information may be disclosed by mistake, etc.)					
Last Name		Birth Date	Day	Month	Year
First Name			/	/	
Address					Zip Code
Telephone	—	—	*As we may call for identity verification, please fill in the daytime phone number.		

B. Details of Disclosure Request

Please make sure to fill in all necessary information to verify the details of the disclosure request.

Reservation and boarding information (boarding certificate)

If you request disclosure of your reservation and boarding information, please fill in the information below to verify your information. If you request disclosure of your reservation/boarding information for more than two flights, please provide your reservation/boarding information on a separate sheet and submit the request form with it. Please note that we may contact you if the scope of the request is broad.

- (1) (a) Reservation name of passenger: _____
- (b) Flight Number: NH _____ (c) Date: _____ / _____ / _____ (d) Sector: _____ ~ _____
- (2) (a) Reservation name of passenger: _____
- (b) Flight Number: NH _____ (c) Date: _____ / _____ / _____ (d) Sector: _____ ~ _____

Information related to ANA Mileage Club

ANA Number																				
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Please specify the details of the information you are requesting to be disclosed. Please note that there will be a service charge per request for disclosure. If the inquiry is regarding mileage accrual history, please note that we are able to verify transactions within the past 36 months.

	Disclosure Item	Details of Your Request
Transaction History	(E.g.) Mileage Account History	Details of the miles accrued between MM/DD/20XX to MM/DD/20XX
	Disclosure Item	Details of Your Request
Registered Information	(E.g.) Phone Number	Phone number registered with ANA Mileage Club

Others (In the case of records on third-party provision and disclosure requests other than the above, please describe the details.)

C. Documents to Verify Identity

*Please note that copies of **two** documents from the below should be enclosed with this form. Photo ID is required as one of the documents.

Examples 1. Driver's license 2. Passport 3. Health insurance card (masking insurance card numbers and identification symbols / numbers of insured individuals, etc.) 4. Basic resident registration card with face photo 5. Pension book 6. Physical disability certificate 7. Resident card or Special permanent resident certificate 8. Certificate of seal registration 9. Individual Number Card (front side only)

Handling of ANA disclosure request form

Documents obtained in connection with requests for disclosure will be handled only to the extent necessary to respond to requests for disclosure, etc., in accordance with the ANA Privacy Policy.

The ANA Privacy Policy can be found at the following link:

<https://www.ana.co.jp/wws/privacy/e/ana.htm>

If we decide not to disclose the requested information, we will notify you to that effect and the reason for the non-disclosure.

- Required item is missing.
- Verification is not possible.
- Item requested to be disclosed does not correspond to the retained data.
- Disclosure may have a serious impact on the proper performance of our business operations.
- Disclosure violates other laws.
- Life, health, property or other rights and interests of the individual or third parties may be harmed.

■ For official use by ANA

Acceptance date and time	Received: Year _____ Month ____ Date ____ Time ____:____	Management representative validation	
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(Exhibit 2-1)

*Please print out the cover page and (Exhibits 2-1 and 2-2), fill in Sections A, B and C, and attach them together with the documents for submission listed in Sections D and E to make a request.

A. Information for Identifying Person to Whom Disclosure Pertains

(Please fill out all items enclosed within the bold lines as there is a possibility that another person's personal information may be disclosed by mistake, etc.)

Last Name		Birth Date	Day	Month	Year
First Name			/	/	
Address	Zip Code				
Telephone	—	—	*As we may call for identity verification, please fill in the daytime phone number.		

B. Information on Person Requesting Disclosure

(Please fill this out only if the request is being made through a representative.)

Last Name		Birth Date	Day	Month	Year
First Name			/	/	
Address	Zip Code				
Telephone	—	—	*As we may call for identity verification, please fill in the daytime phone number.		

C. Details of Disclosure Request

Please make sure to fill in all necessary information to verify the details of the disclosure request.

Reservation and boarding information (boarding certificate)

If you request disclosure of your reservation and boarding information, please fill in the information below to verify your information. If you request disclosure of your reservation/boarding information for more than two flights, please provide your reservation/boarding information on a separate sheet and submit the request form with it. Please note that we may contact you if the scope of the request is broad.

(1) (a) Reservation name of passenger: _____

(b) Flight Number: NH _____ (c) Date: _____ / _____ / _____ (d)Sector: _____ ~ _____

(2) (a) Reservation name of passenger: _____

(b) Flight Number: NH _____ (c) Date: _____ / _____ / _____ (d)Sector: _____ ~ _____

(Exhibit 2-2)

Information related to ANA Mileage Club

ANA Number																			
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Please specify the details of the information you are requesting to be disclosed. Please note that there will be a service charge per request for disclosure.

If the inquiry is regarding mileage accrual history, please note that we are able to verify transactions within the past 36 months.

Transaction History	Disclosure Item	Details of Your Request
	(E.g.) Mileage Account History	Details of the miles accrued between MM/DD/20XX to MM/DD/20XX

Registered Information	Disclosure Item	Details of Your Request
	(E.g.) Phone Number	Phone number registered with ANA Mileage Club

Others (In the case of **records on third-party provision** and disclosure requests other than the above, please describe the details.)

D. Documents to Verify Identity

*Please note that copies of **two** documents from the below should be enclosed with this form. Photo ID is required as one of the documents.

Examples 1. Driver's license 2. Passport 3. Health insurance card (masking insurance card numbers and identification symbols / numbers of insured individuals, etc.) 4. Basic resident registration card with face photo 5. Pension book 6. Physical disability certificate 7. Resident card or Special permanent resident certificate 8. Certificate of seal registration 9. Individual Number Card (front side only)

E. Documents to Verify Identity of Person Requesting Disclosure (in the case of a representative)

*D. Please submit them together with the documents to verify the identity of the individual.

Relationship to the individual	Document to verify relationship to the individual	Documents to Verify Identity of Person Requesting Disclosure
1. A person with parental authority	Person's family register	*Please note that copies of two documents from the below should be enclosed with this form. Photo ID is required as one of the documents. Examples 1. Driver's license 2. Passport 3. Health insurance card (masking insurance card numbers and identification symbols / numbers of insured individuals, etc.) 4. Basic resident registration card with face photo 5. Pension book 6. Physical disability certificate 7. Resident card or Special permanent resident certificate 8. Certificate of seal registration 9. Individual Number Card (front side only)
2. Guardian of an adult	Guardian certificate	
3. Representative ()	Power of attorney that identifies you as a representative	

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If we decide not to disclose the requested information, we will notify you to that effect and the reason for the non-disclosure.

- Required item is missing.
- Verification is not possible.
- Item requested to be disclosed does not correspond to the retained data.
- Disclosure may have a serious impact on the proper performance of our business operations.
- Disclosure violates other laws.
- Life, health, property or other rights and interests of the individual or third parties may be harmed.

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Acceptance date and time	Received: Year _____ Month ____ Date ____ Time ____ :	Management representative validation	
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