

ANA Disclosure Request Form

Request date: DD/MM/YYYY

[Method of making requests and documents to be submitted]

Please fill out this request form and submit it via **one of the following methods**:

Method	Details	Documents to be submitted
Request by mail (If you wish to receive a written response)	You must bear the postage costs.	Please enclose this request form and identification documents (if the request is made by a representative, the representative's identification documents and a power of attorney or equivalent form also are required), and mail them to our contact desk at the address below.
Request via a dedicated form (If you wish to receive a response in electronic format)	Please enter the required information in the dedicated web form (URL here) and upload this request form and the required documents.	This request form, identification documents (if the request is made by a representative, identification documents of the representative and a power of attorney or equivalent form also are required) Attachment file formats: .pdf, .jpg, .jpeg, .gif, .png

Contact desk

Personal Information Handling Desk

All Nippon Airways Co., Ltd.

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

<Note>

- We do not accept requests at ANA counters or in flight.
- ANA reservations/boarding confirmations within normal services are available free of charge on the ANA website (www.ana.co.jp) or by phone (ANA Reservation Information Center). You also can check your registered Mileage Club member information on the ANA website or by phone (ANA Mileage Club Service Center).
- If you wish to request disclosures/a response by a method other than mail or electronic format, please indicate your preferred method in the "Details" section of item "2". Other: correction,

deletion, etc.” (Please note, however, that there may be situations in which it is not possible to make disclosures via the specified method.)

[Requesting party’s information]

Please check () the appropriate box and complete the required information.

Data subject Representative (please also fill out the representative column below)

Items	Details
[Data subject]	
Name	
Date of birth	Day / Month / Year
Address:	〒
Contact number (daytime)*	
[Identification documents] (Attach a copy of one of the items on the right)	Driver's license, passport, individual number card (front side only), physical disability certificate, residence card

Items	Details
[Representative’s information (only when the request is made by a representative)]	
Name	
Date of birth	Day / Month / Year
Address:	〒
Contact number (daytime)*	
[Identification documents] *Please submit these documents together with the identification documents of the data subject.	1.Power of attorney (legal representatives must provide a certifying document) 2. Representative’s identification (a copy of one document equivalent to the "Identification documents" listed above)

*Contact information: We may call the number for identity verification purposes.

[Details of Disclosure Request]

Please check (☑) the box for the desired information and fill out the required information.

1. Disclosure

Reservation and boarding information (boarding certificate)

- Please enter the passenger reservation name in **alphabet** characters.
- If you are traveling on three or more flights, please complete the details on a separate sheet and attach it to this request form.
- If your request is extensive, we may contact you.

(1)	(1) Passenger reservation name:	(2) Flight number: NH
	(3) Date:	(4) Sector: ~
(2)	(1) Passenger reservation name:	(2) Flight number: NH
	(3) Date:	(4) Sector: ~

ANA Mileage Club Information

Customer's Number										
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- Please specify the details of the information you are requesting to be disclosed for each item. (Please note a request for one item will be treated as one request for disclosure.)
- If the inquiry relates to 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
	(Ex.) Mileage accrual history	
Registered Information	Disclosure Item	Details of your request
	(Ex.) Phone number	

Records of provision of information to third parties, and disclosures of information other than item 1 above.

- Please fill in the specific details of your request for disclosure(s).

2. Other: correction, deletion, etc.

Please check () the box for the desired request and fill in the details.

Request Type	Description
<input type="checkbox"/> Correction/deletion/ addition	Correction of information if the details are not true
<input type="checkbox"/> Suspension of use /deletion	Suspension of use or deletion of information *Services may not be able to be provided.
<input type="checkbox"/> Provision of information	Provision of information on personal information protection measures

[Details] (Please fill out the specific details of the correction, the reason for suspension, etc.)

[Handling of this request form]

Documents obtained through this request form will be handled only to the extent necessary to respond to the request, in accordance with our privacy policy. For our privacy policy, please refer to the link below.

[ANA Privacy Policy](#)

<If we are unable to respond>

If any of the following items apply, we will not disclose the requested information or respond to the request, and we will notify you to that effect and of the reason for our decision.

- Required item is missing or verification is not possible.
- Item requested to be disclosed does not correspond to retained personal 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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