

**[ANA] Form for various requests < for residents in China>**

Request Date:        /        /

**<How to apply>**

1. Print and fill out this form.
2. Please enter the necessary information in the URL below, and upload the application form and identification document entered in 1 to the attached file in the URL.

URL: <https://ana.force.com/zhcn/s/atmint-en>

Please be careful not to forget to fill in the required items in the bold frame.

\* This application form is only accepted on the web.

Please note that we cannot accept reservations at ANA counter or on board.

Information for Identifying Person to Whom Modification etc. Pertains					
(Please fill in all items enclosed within the bold lines as there is a possibility that another person's personal information may be deleted 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.		
Documents to confirm identification of the principal	*Please note that copies of two documents from the below should be attached with this form. Photo ID is required as one of the documents. Examples 1. Passport 2. Health insurance card (masking insurance card numbers and identification symbols / numbers of insured individuals) 3. Basic resident registration card with photo 4. Pension book 5. Physical disability certificate 6. Resident card or Special permanent resident certificate 7. Certificate of seal registration 8. Individual Number Card (front page only) 9. identification card issued by the Chinese government				

Information on Person Requesting Modification etc.					
(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.		

Documents required to be submitted (in the case of a representative)		
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	*Please note that copies of two documents from the below should be attached with this form. Photo ID is required as one of the documents. Examples 1. Passport 2. Health insurance card (masking insurance card numbers and identification symbols / numbers of insured individuals) 3. Basic resident registration card with photo 4. Pension book 5. Physical disability certificate 6. Resident card or Special permanent resident certificate 7. Certificate of seal registration 8. Individual Number Card (front page only) 9. identification card issued by the Chinese government
2.Guardian of an adult	Guardian certificate	
3.Representative ( )	Power of attorney that identifies you as a representative	

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## Type of Request

Circle the number(s) for the type of request and fill in the details.

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Types of Request	Details
1. Correction of Information 2. Deletion of Information 3. Addition of Information 4. Discontinuance of Use of Information 5. Erasure of Information 6. Notice of Purpose of Use 7. Withdrawal of Consent 8. Request for Receiving Information 9. Request for Handover of Information 10. Objection 11. Interpretation and Explanation of Privacy Policy	

### Handling of this request form

Documents we obtained will be handled only to the necessary extent 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.html>

### **If we cannot respond to your request, we will notify you to that effect and the reason.**

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

#### ■For official use by ANA

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