

Details of disclosure request

Please fill in the information to verify requesting item.

Reservation and boarding information (Name, Flight Number, Date, Sector, Class or Fare)

Please fill out the information below to verify your information. Up to 2 reservations/boarding information will be disclosed.

(1) ①Reservation name of passenger: _____

②Flight Number: NH _____ ③Date: / / _____ ④Sector: ~ _____

(2) ①Reservation name of passenger: _____

②Flight Number: NH _____ ③Date: / / _____ ④Sector: ~ _____

Matters related to ANA Mileage Club

ANA Number												
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Please fill in the disclosure information you are requesting for. Please note that there will be a service charge per request.

If the inquiry is regarding of the mileage accrual history, we are able to verify transactions up to the past 36 months.

Transaction History	Disclosure Topic	Details of your request
	(Ex.)Mileage Account History	Details of the accrued miles between MM/DD/YY to MM/DD/YY

Registered Information	Disclosure Topic	Details of your request
	(Ex.)Phone Number	Registered phone number ANA Mileage Club

Others

For general inquiries such as reviewing your reservation and/or boarding information, you can find more details from our website at www.ana.co.jp or at our ANA Call Centers for free of charge. You can also review your registered membership information from the same website/Call Centers above as well.

Handling of this request form

The personal data obtained in this form is only taken for this request. We will dispose of this form and other related documents 24 months after our reply by an appropriate method.

Denials for disclosure will be notified.

- Required item is missing.
- Confirmation if not available.
- Requested item was not eligible for disclosure of personal data.
- Disclosure has serious impact to ANA's business operation.
- Disclosure 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	Management representative validation
Received on : Year _____ Month _____ Date _____ Time _____ :	