

【ANA】 Form requesting disclosure

Request Date: / /

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

Personal Data Information Desk for disclosure

All Nippon Airways Co., Ltd.

Personal Information Handling Desk

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

Please note that this form is accepted only by mail.

Information for Identifying Person to Whom Disclosure Pertains

(We may not be able to accept disclosure if all columns have not been completed.)

Last Name		Birth Date	Day	Month	Year
First Name			/	/	
Address	Zip Code				
Telephone	—	—	*As we may call for identification, please fill in daytime phone number.		
Documents to confirm identification of the principal	*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 4. Basic resident registration card with 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 page only)				

Information on Person Requesting for Disclosure

(Please fill out the following columns only if this disclosure is requested by a person other than the person to which the disclosure pertains.)

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

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	*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 4. Basic resident registration card with 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 page only)
2.Guardian of an adult	Guardian certificate	
3.Representative ()	Letter of trust (Legal representatives shall provide certifying document)	

Fee

US\$5.00 will be charged for the request of each transaction.
Please enclose a check equivalent to US\$5.00.

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 one month 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 _____ :	