

[ANA] Form requesting discontinuance of usage <For California Residents>

Request Date: / /

Please fill out the Form below and submit with all documents required for confirmation of identification. Please fill out all items below.

Where to submit for Discontinuance of Usage

Following Webform listed on ANA Website

URL : https://contact-en.ana.co.jp/app/ask_atmint_pcen

Please note that this form is accepted only by the webform.

Information for Identifying Person to Whom Discontinuance of Usage 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 attached 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 Discontinuance of Usage

(Please fill out the following columns only if this disclosure is requested by a person other than the person to which the Discontinuance of Usage 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 attached 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)	

Types of request to be handled

Circle the number for the type of requests to be handled and fill out details of discontinuance of usage or erasure.

1 Discontinuance of Usage	Item	Details

2 Erasure	Item	Details

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 discontinuance of usage will be notified.

- Required item is missing.
- Confirmation if not available.
- Requested item was not eligible for discontinuance of usage of personal data.
- Discontinuance of usage has serious impact to ANA's business operation.
- Discontinuance of usage 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 _____ :	