

Application form for personal information disclosure

To ANA X Inc..

I request disclosure of personal information held by ANA X Inc., as follows:

Application
date:

YYYY/MM/DD

Applicant entry field (person to whom disclosure pertains) *The bold-framed area includes the required items, so please make sure all of the information is filled in.			
		<input type="checkbox"/> Gender	Male / Female
<input type="checkbox"/> Name of the applicant (the principal)		<input type="checkbox"/> Date of birth	YYYY/MM/DD
<input type="checkbox"/> Present address (Where the response should be sent to)	Zip Code -	(Prefecture)	
<input type="checkbox"/> Phone number	() -	*We may call you to confirm your identification. Please enter your daytime phone number.	

Representative entry field (when the applicant herself/himself is writing this form, this area does not need to be filled in.)			
		<input type="checkbox"/> Gender	Male / Female
<input type="checkbox"/> Name of the representative		<input type="checkbox"/> Date of birth	YYYY/MM/DD
<input type="checkbox"/> Present address of the representative (Where the response should be sent to*)	Zip Code -	(Prefecture)	
<input type="checkbox"/> Phone number	() -	*We may call you to confirm your identification. Please enter your daytime phone number.	
<input type="checkbox"/> Authority of representation	Legal representative • Representation of mandate	Relation to the applicant	1. Parental authority 2. Adult guardian 3. Representative
*For requests by the representative, a response will be sent to the representative's present address.			

*Please enter the scope of the disclosure in the attachment.

Identity verification documents / An item from list 1. must be enclosed. When the request is made by the representative, items from lists 2. and 3. also need to be enclosed.		
1	Applicant verification item	①Passport ② Health insurance card (masking insurance card numbers and identification symbols / numbers of insured individuals) ③Basic resident registration card with photo ④Pension book ⑤Physical disability certificate ⑥Resident card or Special permanent resident certificate ⑦Certificate of seal registration ⑧Individual Number Card (front page only) ⑨Identification in China Any two of the above need to be enclosed.
2	Representative identity verification document	①Letter of Trust (Legal representatives shall provide certifying document)
3		②representative Identification to be needed any two of the below, (Representative's Passport, Health insurance card (masking insurance card numbers and identification symbols / numbers of insured individuals, Basic resident registration card with photo, Pension book, Physical disability certificate, Resident card or Special permanent resident certificate, Certificate of seal registration, Individual Number Card (front page only), Identification in China

Fees	1,000 JPY	Please send your payment to the following bank account; bank transfer must be done under the applicant's name. The bank transfer cost must be paid by the applicant. [Bank for transfer] Sumitomo Mitsui Banking Corporation, Head Office, Ordinary account: 9579137, Account holder: ANA X Inc.
------	-----------	--

Contact for request for disclosure, etc.	Please send this application form and the required identity verification documents to the following address. (The postage cost must be paid by the applicant.) Personal Information Handling Desk, General Administration & Personnel Dept., ANA X Inc. / Front Place Nihonbashi, 2-14-1, Nihonbashi, Chuo-ku, Tokyo 103-0027, Japan Email address for inquiries: privacy@ana-x.co.jp
--	--

*For general reservation confirmation concerning our packaged tour, contact the customer support dial.

Management number:	Disclosure-YYYYMMDD-0001
--------------------	--------------------------

