

# Application form for discontinuance of personal information use

To ANA X Inc.

Application date:

YYYY/MM/DD

I request discontinuance of use, etc. (discontinuance of use, deletion, or discontinuance of provision to a third party) of personal information held by ANA X Inc. as follows:

Applicant entry field (person to whom discontinuance/deletion 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 personal information to which discontinuance of usage, etc. pertains 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 ⑦ Certificate 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)
3		②any 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

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
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Fees	No charge
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Management number of this sheet: Discontinuance-YYYYMMDD-0001

# Application form for discontinuance of personal information use (Attachment)

To ANA X Inc.

I request discontinuance of use, etc. (discontinuance of use, deletion, or discontinuance of provision to a third party) of personal information held by ANA X Inc., as follows:

Personal information to which discontinuance of use, etc. pertains	Type of request
	<input type="checkbox"/> Discontinuance of use <input type="checkbox"/> Deletion <input type="checkbox"/> Discontinuance of provision (provision to )
	<input type="checkbox"/> Discontinuance of use <input type="checkbox"/> Deletion <input type="checkbox"/> Discontinuance of provision (provision to )
	<input type="checkbox"/> Discontinuance of use <input type="checkbox"/> Deletion <input type="checkbox"/> Discontinuance of provision (provision to )
	<input type="checkbox"/> Discontinuance of use <input type="checkbox"/> Deletion <input type="checkbox"/> Discontinuance of provision (provision to )
	<input type="checkbox"/> Discontinuance of use <input type="checkbox"/> Deletion <input type="checkbox"/> Discontinuance of provision (provision to )
	<input type="checkbox"/> Discontinuance of use <input type="checkbox"/> Deletion <input type="checkbox"/> Discontinuance of provision (provision to )
	<input type="checkbox"/> Discontinuance of use <input type="checkbox"/> Deletion <input type="checkbox"/> Discontinuance of provision (provision to )
	<input type="checkbox"/> Discontinuance of use <input type="checkbox"/> Deletion <input type="checkbox"/> Discontinuance of provision (provision to )
	<input type="checkbox"/> Discontinuance of use <input type="checkbox"/> Deletion <input type="checkbox"/> Discontinuance of provision (provision to )
	<input type="checkbox"/> Discontinuance of use <input type="checkbox"/> Deletion <input type="checkbox"/> Discontinuance of provision (provision to )

Please describe the grounds for the request for discontinuance of use, etc., for our reference.

**[Handling of personal information]**

- Personal information provided by the applicant for this application will be used for the procedures for the requested disclosure only (for the confirmation of identity, internal confirmation of personal information, and sending of the response). We will not offer any of the included personal information to any third party, including entrustment of the handling of personal information to contractors.
- Personal information provided by the applicant for this application will be kept for two years after our response, and then it will be deleted appropriately.
- Filling in the personal information required above is mandatory. If any of the required information is not provided, we may not be able to process your request such as disclosure.
- Personal information provided by the applicant for this application will be managed by the General Manager of the General Administration & Personnel Dept. of ANA X Inc., who is in charge of managing the protection of personal information.

..... The section below is for internal use only. You do not need to enter any .....

Management number: Discontinuance-YYYYMMDD-0001

A person in charge of complaint / consultation procedures  
/ /



Personal information protection manager  
/ /

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