

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.			
Furigana		<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.)			
Furigana		<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	<input type="checkbox"/> Driver's license <input type="checkbox"/> Student ID card <input type="checkbox"/> Passport <input type="checkbox"/> Health insurance card <input type="checkbox"/> Resident certification card (with current address shown) <input type="checkbox"/> Disabled person's handbook, Rehabilitation certificate, Health and welfare certificate <input type="checkbox"/> Alien registration certificate *With photograph of face: One of the above is required. Without photograph of face: Two of the above need to be enclosed.
2	Representative identity verification document	<input type="checkbox"/> Documents to verify the representative herself/himself (same rule as 1.) Name of verification document enclosed []
3	Authority of representation confirmation document	•Legal representative (any one of the following): <input type="checkbox"/> Family register <input type="checkbox"/> Copy of health insurance card <input type="checkbox"/> Other ()
		•Representation of mandate (the following two documents): <input type="checkbox"/> Letter from the attorney <input type="checkbox"/> The applicant's seal-impression certificate (must be the same seal that is stamped on the attorney's letter)

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

Management number:	Disclosure-YYYYMMDD-0001
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