

Application form for request for withdrawal of consent (for EEA residents)

To ANA X Inc.

Application date:

YYYY/MM/DD

I request withdrawal of consent as follows:

Applicant entry field (person to whom withdrawal of consent 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 personal information to which withdrawal of consent 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	<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)

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
--	---

Fees	No charge
------	-----------

Application form for request for withdrawal of consent (for EEA residents / Attachment)

To ANA X Inc.

I request withdrawal of consent as follows:

Withdrawal of Consent	Items which withdrawal of consent pertains to (purpose of use, etc.)	Personal information provided

[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. at 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 manager
/ /

.....