

Personal Information Deletion Request Form

To the person in charge
Personal Information Protection Office
Kracie Holdings, Ltd.

I hereby request to stop use, remove, or stop providing to third parties the personal information about myself specified in item II below.

I. Requested handling of the information and the reason for the request

(Please tick the desired handling and the applicable reason.)

- ☐ Stop of use
 - ☐ The information was acquired by inappropriate means.
 - ☐ Purposes of use were not notified or announced.
- ☐ Removal
 - ☐ The information was acquired by inappropriate means.
 - ☐ Purposes of use were not notified or announced.
- ☐ Stop of provision to third parties
 - ☐ There was no prior consent.

II. Details of the information to be handled as specified above

(E.g. 'My personal information that I provided when I participated in a prize competition in the ad campaign for XXX')

III. Date that the information was provided (E.g. 'In about MM(Month) YYYY(Year)')

IV. Means by which the information was provided

(E.g. 'Entered an online questionnaire on the web site via the Internet' or 'Filled in a question form at a store')

V.

VI. Personal Identification Certification (Please tick which type of document(s) is(are) enclosed.)

- ☐ a copy of your passport
- ☐ a copy of your driver's license
- ☐ a copy of your student ID (valid, showing your face, date of birth and current address). *In cases where your student ID does not contain your current address, please add a copy of your certificate of residence (without your Individual Number [My Number], and hereinafter the same) or a copy of a receipt/invoice from a public utility service that contains your current address
- ☐ a copy of your health insurance card together with a copy of your certificate of residence or a receipt/invoice from a public utility service that contains your current address (two items in total)
- ☐ a copy of one of the followings: your pension booklet, your physical disability handbook, your intellectual disability handbook or your mental disability certificate. *This must contain your current address. *If it does not contain your current address, please add a copy of your certificate of residence or a copy of a receipt/invoice from a public utility service that contains your current address
- ☐ A copy of your certificate of alien registration together with a copy of your passport or a receipt/invoice from a public utility service that contains your current address (two items in total)

Date (Day/Month/Year)

Postal Code, Postal Address

Print name of applicant

Signature

Telephone number

Email address