

## Application to Request Suspension of Use of Retained Personal Data

Application submission date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name and address of applicant

Please circle either item below	Name	Address
1. Applicant 2. Representative of applicant	Seal or signature	—

Regarding identifying information from our stored personal information database:

※We will use the information you provide to confirm whether we have stored your personal

information in our database. Please provide the following information listed below.

1. Your name	2. Your address —
3. Your phone number	4. Your e-mail address
5. Reason(s) why you believe we hold your personal data (please specify campaign name, etc.)	

Please select your request (Please circle one of the options below) .

1. Suspension of use	2. Erasure	3. Suspension of provision to third parties
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Reason for requesting suspension of use. ※Please check in the box

<p><b>【To all requests】</b></p> <p><input type="checkbox"/> No need for DM or other invitations</p> <p><input type="checkbox"/> No longer a need to use</p> <p><input type="checkbox"/> Because of leakage, loss, damage, or other events related to the security of retained personal data that may harm the rights and interests of individuals.</p> <p><input type="checkbox"/> Others (Please specify : _____ )</p>
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**【Suspension of use or deletion】**

Morinaga handles personal information beyond the scope necessary to achieve the purposes of use indicated by the company.

(Please specify : \_\_\_\_\_ )

Morinaga has obtained personal information through deception or other wrongful means.

(Please specify : \_\_\_\_\_ )

Morinaga has acquired personal information requiring special consideration in violation of laws and regulations.

(Please specify : \_\_\_\_\_ )

**【Suspension of provision to third parties】**

Morinaga has provided personal data to a third party:

in Japan

outside of Japan

without obtaining prior consent.

(Please specify : \_\_\_\_\_ )

Please select your preferred method of response (Please circle one of the options below)

1. Mail	2. E-mail
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※If you chose "Mail", please enclose an unused envelope with 800 yen worth of postage stamps attached.

Documents required to be attached with the application

**【When the application is submitted by the person in question】**

A copy of your driver's license, health insurance card, or other papers issued by a public entity

**【When the application is submitted by a person representing you on your behalf】**

1. A copy of your driver's license, health insurance card, or other papers issued by public entity  
2. A copy of your representative's driver's license, health insurance card, or other papers issued by public entity

3. A letter of attorney from you to the representative, and a seal certification of your seal used for the letter of attorney

4. When the application is submitted by a minor, or the legal representative of an adult guardian, we require item number 3 together with a copy of the authenticated proof of the identity of a legal representative

Thank you.