

Dear Customer,

For the disclosure of personal information, please send by registered mail this request form along with the following items:

1. Proof of identity (one copy)
2. Proof of residence (one original copy)
3. A pre-paid, self-addressed envelope for registered mail (420JPY).

Please note that we will not accept any request for disclosure unless the information being requested is regarding the  
The information will be sent to the address provided on the proof of residence with the original proof of residence enclosed.  
Allow 2-3 weeks for delivery.

This request form and the copy of proof of identity will be destroyed after a certain period of time in accordance to company  
Any cost incurred in requesting the disclosure of information shall be paid by the customer.

Send to: Randic Nagai Bldg. 3-9-9, Tsukiji, Chuo-ku, Tokyo, 104-0045  
JAL ABC. Inc. Planning Operation Department, Personal Information Disclosure Counter

## Request Form for Personal Information Disclosure

To. JAL ABC. Inc.

Address	〒	Date	Year	Month	Day
		Tel	-	-	
Name	Hiragana	Sex	Male	·	Female
		DOB	Year	Month	Day

### Requested Information

Services	<input type="checkbox"/> Parcel Delivery Service	<input type="checkbox"/> Rental Suitcase	<input type="checkbox"/> Others		
	<input type="checkbox"/> Rental Mobile-Phone	<input type="checkbox"/> Suitcase Repair	Detail		
Information	<input type="checkbox"/> Processing of ETAS Registration	<input type="checkbox"/> Catalog for International Souvenirs			
	<input type="checkbox"/> Name	<input type="checkbox"/> Address	<input type="checkbox"/> DOB	<input type="checkbox"/> Telephone	<input type="checkbox"/> e-Mail
	<input type="checkbox"/> Credit Card Number/Expiration Date	<input type="checkbox"/> Passport Number	<input type="checkbox"/> Various Membership		
	<input type="checkbox"/> Others ( )				

If possible, could you specify the reasons for your request?

Reasons	
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For Official Use Only		
Accepted	Issued	Sent