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Αr	าทเกล	TION.	tor	Disclosu	re etc	ΩŤ	YOUT	P'	ersonal	In:	torma	ation
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			Date	/ /							
TO EQIQ K.K.											
I will request disclosure or deletion of my personal information at your company with designated documents.											
I agree that you will use my personal information contained in this application and the documents submitted for											
identity verification to respond to my request and to verify my identity. <please and="" fill="" following="" frame="" items="" off="" out="" the="" thick="" tick="" within=""></please>											
	Kana										
Αţ	Name										
Applicant Information	Address	〒 -	Tel -	-							
cant	Email address										
Inf		☐ Driver's license ☐ Passport ☐ Health insurance card									
orn orn	Submitted Copied	☐ Pension handbook * For the legal representative of a data subject (in									
natio	IDs (one of the	addition to the above ID) : \square A power of attorney and ID of the representative									
B	followings)	such as a copy of the family register listed in Privacy Policy under EQIQ webpage									
		(https://www.attuned.ai/privacy-policy)									
<please th="" tick<=""><th>off and fill out the followin</th><th>g items on personal information to be disclosed or deleted</th><th>></th><th></th></please>	off and fill out the followin	g items on personal information to be disclosed or deleted	>								
				11 •							
		of the applicant: If you are the applicant, no need	to fill out the fol	llowings							
	(2) Personal information of a data subject: Please fill out the followings										
Data :	Kana										
<u> </u>	Name										
subject t is	Address	〒 -	Tel -	-							
for made	Relation with data subject	(Please tick off either of the following)									
de wh		\square 1. a legal representative of a minor or an adult ward									
which on		$\square2$. an agent delegated by a data subject									
<for (1)plea<="" td=""><td>ase tick off your answer on</td><td>the followings. For (2) Please fill out the information></td><td></td><td></td></for>	ase tick off your answer on	the followings. For (2) Please fill out the information>									
(1) Pur	pose of the request for retai	ned personal data									
□Understa	nd purpose of use □ Disclos	ure□Correction • Addition • Deletion□Stop usage□Sto	p providing data to	the 3 rd							
party											
(2) Description of retained personal data and other matters sufficient to identify retained personal data											
[]											
*We will delet	te the personal data we rece	ived on the application promptly upon using them within	the purpose of use	÷.							
For use by EQIQ K.K											
ID verification (☐ Driver's license /☐ Passport /☐Health insurance card)											
Representative ID verification (Proxy/ ID such as a copy of the family register)											
		DPO									
Request received: / / Reception number:											