

Request Form for Disclosure, Revision or Deletion of Personal Information

Date: / /

To: Administration Headquarters Legal Department
Earth Chemical Co., Ltd.

Requester	<input type="checkbox"/> Requesting person (principal)	Name	
	<input type="checkbox"/> Representative	Address	

(Please check the checkbox)

Description and the content of the concerned personal information (Please describe specifically)	
Requested action to be taken regarding the above information	<input type="checkbox"/> Disclosure <input type="checkbox"/> Revision <input type="checkbox"/> Deletion <input type="checkbox"/> Other ()
Description of the error (false fact) of personal information*	

(*If the requester is willing to revise or delete the concerned information, he/she must describe specifically the content of the personal information as much as possible. If the requester needs more space to describe this, please use another sheet of paper.)

(Please fill the below if you are a representative of the principal)

Classification of the requesting person (principal)	<input type="checkbox"/> A minor <input type="checkbox"/> An adult ward <input type="checkbox"/> Other ()	
Address of the requesting person (principal)	Name	
	Address	TEL:

For Earth Chemical Use Only (No need to fill out)

Document to prove the identity of the requesting person	<input type="checkbox"/> ID Card (copy) <input type="checkbox"/> Passport(copy) <input type="checkbox"/> Driver's license (copy) <input type="checkbox"/> Health insurance card (copy) <input type="checkbox"/> Certificate of residence(copy) <input type="checkbox"/> Other ()
Document to prove the identity of the representative	<input type="checkbox"/> Certificate of Family Register <input type="checkbox"/> Letter of Attorney <input type="checkbox"/> Other ()
Person in charge	
Remarks	