

[Example]
Form 2

Demand Letter for Disclosure of Retained Personal Data, Etc.

[MM] [DD], [YYYY]

To: Daiichi Sankyo Company, Limited

Demanding party: Address: 3-5-1, Nihonbashi Honcho, Chuo-ku, Tokyo, Japan
(postal code: 103-8426, Japan)
Name: Taro Daiichi Sankyo [seal]
Telephone: (XX) XXXX - XXXX

Pursuant to Article 33, paragraph (1) of the “Act on Protection of Personal Information,” a demand is hereby made regarding retained personal data of

myself (where the demanding party is a principal)

_____ (where the demanding party is an agent)

retained by your company, or regarding a third party provision record pursuant to Article 33, paragraph (5) of the above Act.

Demanded matters	<input checked="" type="checkbox"/> Disclosure of retained personal data <input type="checkbox"/> Disclosure of third party provision record
Relationship with the Company	<input type="checkbox"/> Medical personnel <input type="checkbox"/> Patient <input type="checkbox"/> Customer (regarding _____) <input checked="" type="checkbox"/> Enquiry participant (regarding [_____] academic conference exhibit) <input type="checkbox"/> Member (regarding _____) <input type="checkbox"/> Other (_____)
Contents desired to be disclosed	[Please be as specific as possible regarding the contents subject to your demand.]
Address for sending notification	<input checked="" type="checkbox"/> Same as the above address <input type="checkbox"/> Other address [_____] (postal code -) <input type="checkbox"/> E-mail address
Please also fill in the portions below where an agent is making a demand for disclosure.	
Status of principal, etc.	Principal's name: _____ Principal's address: <input type="checkbox"/> Same as the demanding party (agent)'s address <input type="checkbox"/> Other address [_____] (postal code -) Principal's status: <input type="checkbox"/> Minor <input type="checkbox"/> Adult ward <input type="checkbox"/> Adult