

Personal Information Disclosure Request Form

We hereby request disclosure of personal information concerning ourselves that your company currently holds and manages. We agree to comply with your company's designated procedures and bear any associated costs required for this disclosure.

■ Applicant Information

Please ensure all fields marked with an asterisk () are completed.



Official Company Stamp

Full Name*

Email Address*

Address*

Phone Number*

FAX Number

Date of Application* YYYY/MM/DD

■ Information for Internal Data Identification

To help us locate your information efficiently, please provide as much detail as possible.

Company Information Management Number (if known)

Purpose of Providing Personal Information (Why did you provide your information?)

Date of Providing Personal Information (When did you provide it?)

Method of Providing Personal Information (How did you provide it? e.g., email, form submission, telephone, fax, etc.)

Place Where Personal Information Was Provided (Where did you provide it? e.g., our website, Fair, etc.)

Recipient of Personal Information (To whom was the information provided?)
