Application Form for Disclosure of Personal Information

*Please fill out following.

Application date

Applicant Information （Marked * must be filled out）		
*Name：	Sex：☐male ／ ☐female	※ signature
*Address：Zip-code　　－		
*Tel：　　（　　）		
Email address：　　@		
Proof of ID：　☐Driver’s license ／ ☐Passport ／ ☐Health Insurance Card		
Representative Information （Marked * must be filled out）		
*Name：		
Proof of ID：　☐Driver’s license ／ ☐Passport ／ ☐Health Insurance Card		
Applicant’s Request		
☐Notification of the purposes for usage	☐Disclosure	
☐Correction	☐Addition	
☐Deletion	☐Suspension	
☐Elimination	☐Suspension to be provided to third parties	
Personal Information that is subject to:		
(*1) Please describe when, where or how the personal information was registered. (*2) If Free Wave does not possess requested personal information, your request may be unavailable.		
Note		
Receiving date: Disclosing date： Correcting date： Name： Inquiry Number：		Chief Privacy Manager ／

【Purpose of the use of personal information acquired from the inquiry】
Personal information acquired from the inquiry will be strictly supervised.
All submitted documents or data will be kept for one year, after which it will be discarded.