

Request for Disclosure

Request Date / /

Please fill out the form below and return to the Personal Data Information Desk with all documents required for confirmation of identification. (Postage stamps required.)
Please fill out all the items below.

Personal Data Information Desk

Glue Inc.

Ohori Joy Building 5F

1-1-3 Arato, Chuo-ku, Fukuoka City, Fukuoka, Japan 810-0062

Notice : Please note that this form is accepted only by mail.

Information for Identifying Person to Whom Disclosure Pertains	
We may not respond to the request for disclosure if requested information in this form is not provided.	
Last Name	
First Name	
Address	Zip Code
Birth Date	Day Month Year
Telephone	
Required documents for identification	<ol style="list-style-type: none">1. Driver's license2. Passport3. Health insurance card4. Basic Resident Registration Card with photo ID5. Pension book6. Physical disability certificate7. Permanent Residency Card or Special Permanent Residency Certificate8. Seal Registration Certificate9. Individual Number Card (front page only) <p>* Please send us two copies of any of the following documents above with this form.</p>

Information on Person Requesting for Disclosure (Authorized Representative)

We may not respond to the request for disclosure if requested information in this form is not provided.

Last Name	
First Name	
Address	Zip Code
Birth Date	Day Month Year
Telephone	

Documents required

Relationship to the individual	Document to verify relationship to the individual	Required documents for identification
① A person with parental authority	Family register	1. Driver's license 2. Passport 3. Health insurance card 4. Basic Resident Registration Card with photo ID 5. Pension book 6. Physical disability certificate 7. Permanent Residency Card or Special Permanent Residency Certificate, 8. Seal Registration Certificate 9. Individual Number Card (front page only) * Please send us two copies of any of the following documents above with this form
② Legal Guardian	Guardian certificate	
③ Representative	Power of attorney Legal representatives shall provide certifying document	

Fee	US\$10.00 will be charged for the requests of each transaction. Please enclose or send us a check equivalent to US\$10.00. *except for EEA residents
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Content of Disclosure	
Type of Information for Disclosure ex. Billing Address, Contact Information etc.	
Details of Disclosure	

Handling of this request form

Personal data obtained in this form is only taken for this request. We will dispose this form and other related documents one month after our reply by an appropriate method.

Denials for request

You will be notified if processing of your request is denied. Request for disclosure will or may not be accepted for the following reasons:

- Required information is missing
- Confirmation was not available
- Requested Information was not eligible for disclosure of personal data.
- Disclosure has serious impact on Glue's business operation
- Disclosure offends other laws.
- Life, health, property or other rights of the individual or third parties are affected.

For official use by Glue Inc.	受付日時： 管理責任者確認欄：
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