

Date: / /

To: The New National Theatre Foundation

Personal Information Disclosure, etc Request Form

I hereby request the disclosure, etc. of personal information processed by your foundation, pursuant to the Act on the Protection of Personal Information.

Description of request		<input type="checkbox"/> Disclosure (A handling fee equivalent to JPY 500 will be charged.) <input type="checkbox"/> Notification of intended purpose <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Suspension of use <input type="checkbox"/> Erasure <input type="checkbox"/> Suspension of provision to third parties
Method for providing personal information		<input type="checkbox"/> Mail delivery <input type="checkbox"/> e-mail
Requester	<input type="checkbox"/> Principal <input type="checkbox"/> Agent	
Principal to be disclosed	Name	
	ZIP code	
	Address	
	Phone No.	
	Identity confirmation document <input type="checkbox"/> My Number Card <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Basic Resident Registration Card <input type="checkbox"/> Alien registration certificate <input type="checkbox"/> Mariner's pocket ledger <input type="checkbox"/> Health insurance card <input type="checkbox"/> Pension book <input type="checkbox"/> Copy of Family Register <input type="checkbox"/> Certificate of Individual Records <input type="checkbox"/> Certificate of residence <input type="checkbox"/> Certificate of Seal Registration <input type="checkbox"/> Other ()	
Information about Agent	Name	
	ZIP code	
	Address	
	Phone No.	
	Identity confirmation document for an agent <input type="checkbox"/> My Number Card <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Health insurance card <input type="checkbox"/> Pension book <input type="checkbox"/> Certificate of Seal Registration <input type="checkbox"/> Other ()	
	Relationship with requester <input type="checkbox"/> Parental authority <input type="checkbox"/> Guardian (adult/minor) <input type="checkbox"/> Representative <input type="checkbox"/> Other ()	
	Identity confirmation document for a Power of attorney <input type="checkbox"/> Copy of Family Register <input type="checkbox"/> Certified of Commencement of Adult Guardianship <input type="checkbox"/> Certificate of Registered Information on Adult Guardianship <input type="checkbox"/> Power of attorney <input type="checkbox"/> Other ()	

Disclosure of personal information (Enter the item to be disclosed)	Personal data items (Name, Address, Phone, etc.)	
Disclosure / Correction / Addition of personal information (Enter the item to be disclosed)	<input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Deletion	
	Before correction / Description of personal data to be deleted	After correction / Description of personal data to be added
Suspension of use or erasure of personal information	Reason for requesting cessation of use or erasure <input type="checkbox"/> Suspension of use <input type="checkbox"/> Erasure	

*Please enclose a copy of one of the documents for identification. (or two copies in the case of documents without photo)

*Personal data obtained through this request form will only be used for the purpose of processing this request.

*The identity confirmation document, the Identity confirmation document for an agent and the Identity confirmation document for a Power of attorney will be disposed of as soon as possible after the completion of the procedure.