Form requesting discontinuance of usage of "personal data" held by ANA

Request Date : /

1

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

Personal Data Information Desk for discontinuance of usage and erasure request

All Nippon Airways Co., Ltd.,

- Personal Information Handling Desk
- 1-331-90, Kaminoshima-cho, Nagasaki-shi, Nagasaki, Japan, 850-0078

Please note that this form is accepted only by mail.

Information to identify individual for discontinuance of usage and erasure (We may not be able to accept disclosure in case all columns are not complete.)

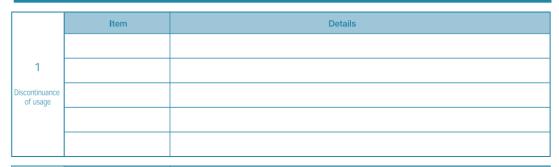
Last Name		Dist. Date	Day	Mon	Year
First Name		Birth Date		/	/
Address		Zip (Code		
Telephone	*As we may call for identification, please fill in the phone available during day time.				
Documents to confirm identification of the principal	1. Driver's licence 2. Passport 3. Health insurance card 5. Pension insurance booklet 6. Physical disability certificate 7. Resident card or Special permanent resident certificate 9. Individual Number Cards (front page only) Please note that copy of two documents from above should b	 Certificate c 	of seal regis	stration	with photo

			esting discontin from the individual)	uance o	f usage a	nd eras	ure		
Last Name						Day	Mc	n	Year
First Name					Birth Date		/		/
Address					Zip	Code			
Telephone	*As we may call for identification, please fill in the phone available during day time.								
Documents	required								
Relationship to t	he individual	Document to verify re	lationship to the individu	al Documents to confirm identification of representative					ive
1. A person with parental authority		Person's family reg	ister		1. Driver's licence 2. Passport 3. Health insurance of 4. Basic resident registration card with photo				urance card
2. Guardian		Guardian certificate)		5. Pension insurance booklet 6. Physical disability cer			ability certificat	
3. Representative ()		Letter of Trust (Legal representation certifying document		7. Resident card or Special permanent resident certifica 8. Certificate of seal registration 9. Individual Number Cards (front page only) *Please note that copy of two documents from above should be enclosed with this form.					

Free

Types of requests to be handled

Circle the number for the type of request to be handled, and fill out details of discontinuance of usage or erasure.



	Item	Details
2		
Erasure		

Handling of this discontinuance of usage and erasure request form

Personal data obtained in this form is only accepted for procedure of discontinuance of usage and erasure. We shall dispose this form and other related documents 1 month after our reply by appropriate method.

Denials for discontinuance of usage and erasure will be notified.

- · Required item is missing.
- · Confirmation was not available
- Requested item was not eligible for discontinuance of usage and erasure of personal data.
- Discontinuance of usage and erasure has serious impact to ANA's business operation.

· Discontinuance of usage and erasure offends other laws.

• Life, health, property and other rights of the individual or third parties are affected.

Due to discontinuance or erasure of personal data, ANA may not be able to provide service to meet individual preferences.

Official use by ANA

Acceptance date and	d time		Management representative validation space		
Received on : Year	Month	Date	Hour	Minute	