

Form requesting 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 items below.

Personal Data Information Desk for disclosure

ANA Cargo Inc.

Personal Information Handling Desk

1-5-2, Higashi-Shimbashi, Minato-ku, Tokyo, Japan, 105-7140

Please note that this form is accepted only by mail.

Information for Identifying Person to Whom Disclosure Pertains

(We may not be able to accept disclosure if all columns have not been completed.)

Last Name		Birth Date	Day	Month	Year
First Name			/	/	
Address					
	Zip Code				
Telephone	—	—	*As we may call for identification, please fill in daytime phone number.		
Documents to confirm identification of the principal	*Please note that copies of two documents from the below should be enclosed with this form. Photo ID is required as one of the documents. Examples 1. Driver's license 2. Passport 3. Health insurance card (masking insurance card numbers and identification symbols / numbers of insured individuals) 4. Basic resident registration card with photo 5. Pension book 6. Physical disability certificate 7. Resident card or Special permanent resident certificate 8. Certificate of seal registration 9. Individual Number Card (front page only)				

Information on Person Requesting for Disclosure

(Please fill this out only if the request is being made through a representative.)

Last Name		Birth Date	Day	Month	Year
First Name			/	/	
Address					
	Zip Code				
Telephone	—	—	*As we may call for identification, please fill in daytime phone number.		

Documents required

Relationship to the individual	Document to verify relationship to the individual	Documents to confirm Identification of representative
1.A person with parental authority	Person's family register	*Please note that copies of two documents from the below should be enclosed with this form. Photo ID is required as one of the documents. Examples 1. Driver's license 2. Passport 3. Health insurance card (masking insurance card numbers and identification symbols / numbers of insured individuals) 4. Basic resident registration card with photo 5. Pension book 6. Physical disability certificate 7. Resident card or Special permanent resident certificate 8. Certificate of seal registration 9. Individual Number Card (front page only)
2.Guardian of an adult	Guardian certificate	
3.Representative ()	Letter of trust (Legal representatives shall provide certifying document)	

Fee	US\$5.00 will be charged for the request of each transaction. Please enclose a fixed amount of money order for the total number of the request of each transaction.
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Details of disclosure request

Please fill in the information to verify requesting item.

Reservation information

① Subject

(Please fill in the disclosure information you are requesting for.)

② Cargo Information

[Date]

[AWB No (During transportation only)]

[Departure・Arrival]

[Reservation TEL No of cargo]

Others (Please provide details for records provided to a third party and for disclosure requests other than those listed above.)

Disclosure format

If you wish to request disclosure in electronic file format, please check the box below and provide an email address to which the file should be sent

I would prefer disclosure in electronic file format

(Send to email address _____)

Handling of this request form

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

Denials for disclosure will be notified.

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

■For official use by ANA Cargo Inc.

Acceptance date and time	Management representative validation
Received on : Year _____ Month _____ Date _____ Time _____ :	