**Request for Notification of Purpose of Utilization of Retained Personal Data Form**

Day Month Year

Personal Information/Individual Number Consultation Office

Sumitomo Pharma Co., Ltd.

(Requester) Name: 　　　　　　　　　　　　　　　　　　　SEAL

Address:　〒　　　－

Telephone　（　　　　）　　　　－

Under my rights stipulated in Article 32 Paragraph 2 of the Act on the Protection of Personal Information, I hereby request access to the following data on the Purpose of Utilization of the items of personal information related to myself retained by your company listed below.

1. Requester’s relationship　to the company (e.g. Type of transactions undertaken, connection to company, etc.)

2. Scope of Request

　①　List of purpose of utilization items requested

　②　Content of purpose of utilization information requested

Accompanying Documents

Note: In order to confirm the identity of the individual making the request, please include the following documents (both items ① and ②) with your request.

　　Please place a checkmark next to the box indicating which documents are included.

①　One copy of your □ Driver’s License or □ Passport

②　One copy of your □ Residency Register or □ Seal Registration Certificate (Issued within the previous three months)

Processing Fee

Note: A ￥800 processing fee is charged for each information request. Please include ￥800 worth of postal stamps with your request and application documents.