

Request for Modification 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 34 Paragraph 1 of the Act on the Protection of Personal Information, I hereby request the correction addition deletion (circle all that apply) 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. Reason for Request

3. Scope of Request

① Edits

a. List of items you wish corrected

b. Correction content

- Before correction :
- After correction :

② Additions

- a List of items you wish added
- b Content of items you wish added

③ Deletions

- a List of items you wish deleted
- b Content of items you wish deleted

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: No processing fee is levied for requests of this sort.