

Request for Discontinuation of Use or Erasure 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 35 Paragraph 1 or 5 of the Act on the Protection of Personal Information, I hereby request discontinuation of use / erasure (circle all that apply) of the items of personal data 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 Discontinuation of Use

a List of items for which you wish use to be discontinued

b Content & type of data for which you wish use to be discontinued

② Erasure

• List of items you wish erased

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 original 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.