

Personal Information Disclosure, etc. Request Form

Date (year/month/day):

To: OMRON LASERFRONT INC.

Human Resources & General Affairs Department Personal information protection desk
1120, Shimokuzawa, Sagamihara city, Kanagawa 229-1198, Japan

*Please submit this form with necessary identification documents by post to the Human Resources & General Affairs Department Personal information protection desk of OMRON LASERFRONT INC. at the above.

address (postage should be paid by the applicant). Please enclose a self-addressed reply envelope (must be the same address as that written on identification documents). If you request notice of purpose of usage or disclosure of personal information, please affix an 800-yen stamp on the reply envelope.

* Please be sure to fill out all the essential items that are enclosed in bold lines.

Information related to the applicant

Name: Seal

Date of birth (year/month/day):

Company/department:

Address:

Telephone number:

Documents verifying the applicant's identity:

1. Copy of passport
2. Certificate of Registered Seal Impression (if the applicant's registered seal is affixed)
3. Copy of driver's license
4. Copy of Certificate of Alien Registration
5. Copy of health insurance certificate
6. Copy of pension booklet

* When submitting documents 5 or 6, an official copy of Family Register or Certificate of Residence must also be submitted.

The following items should be filled out only when this request is made by a representative.

Information related to the representative

Representative's name: Seal

Representative's address:

(Office)

Telephone number:

Category of representative:

1. Contracted representative
2. Parent
3. Adult guardian

Documents verifying the representative's qualification

1. Power of Attorney to which the applicant's registered seal is affixed and an original copy of the applicant's Certificate of Registered Seal Impression
2. Official copy of the representative's Family Register
3. Guardianship Commencement Notice ("Kokenkaishishinpansho") or Certificate on Registered Matters ("Tokijikoshomeisho") for adult guardianship
4. Others

Documents verifying the representative's identity:

1. Copy of passport
2. Certificate of Registered Seal Impression (if the representative's registered seal is affixed)
3. Copy of driver's license
4. Copy of Certificate of Alien Registration
5. Copy of health insurance certificate
6. Copy of pension booklet

* When submitting documents 5 or 6, an official copy of Family Register or Certificate of Residence must also be submitted.

* Please specify the nature of your request by checking the appropriate box 1-4 and fill in the necessary information.

1. Notice of purpose of usage

(No information needs to be filled in here.)

2. Disclosure of personal information

When requesting disclosure of personal information, please describe the kinds of information concerning the applicant you wish to have disclosed as specifically as possible.

3. Amendments, etc. to personal information

Classification of requested amendments to personal information

() A. Amendments

Items to be amended Before amendment After amendment

() B. Additions

Items to be added

Content of addition and reason thereof

() C. Deletions

Items to be deleted/contents of deletion

Reason for deletion

Note: Please check the appropriate box A-C, above, and fill in items to be amended and content of amendment, items to be added, content and reason thereof, or items to be deleted, content and reason thereof.

() 4. Suspension of use

Classification of request for suspension of use, etc.

() A. Suspension of personal information use

(1) Use that goes beyond the extent of fulfilling the intended purpose (Non-intended use)

(2) Collection of personal information through illegal methods

() B. Erasure of personal information

(1) Use that goes beyond the extent of fulfilling the intended purpose (Non-intended use)

(2) Collection of personal information through illegal methods

() C. Discontinuance of sharing personal information with third parties (specify the parties/means of supply that you wish to discontinue sharing of your personal information).

Note: Please check the corresponding box A-C and describe the specific reason.

* Discontinuance of sharing personal information with third parties includes supply to the general public. If you wish to discontinue sharing of your personal information with the general public, please specify the means of supply (such as release through web site, etc.).