## Request for Notification/Disclosure of Purpose of Use of Retained Personal Data

Address of applicant (in person) Name   Address   Postal code   Seal   Address   Postal code   Seal   Address   Address   Address   Address   Address   Address   Address   Address   Address   Postal code   Seal   Address   Address   Address   Address   Postal code   Seal   Parent   Guardian of aduit   Proxy authorized by the person himself/herself   Others ( ) )  formation to identify the individual from the personal data retained by the Company   Passe enter the information, etc. which has been submitted to the Company. Name   2. Address   Postal code   Address   Address   Postal code   Postal code   Address   Postal code   Address   Postal code   Address   Postal code   Postal code   Address   Postal code   Address   Postal code   Address   Postal code   Address   Postal code   Add		Date of sending of the request form  Western calendar date (month)(day)(year) / /
Postal code    Seal   S	ame & address of applicant (in person)	,
Address of proxy (For an application by the proxy)    Name		Address
Name   Address   Address   Address   Address   Address   Address   Postal code   Seal   Parent   Guardian of adult   Proxy authorized by the person himself/herself   Others ( )   Others ( )   Others ( )   Address   Postal code   Parent   Guardian of adult   Proxy authorized by the person himself/herself   Others ( )   Others ( )	me in katakana	Postal code
Name	Caal	
Name   Postal code	Seal	1
Postal code   Seal	me & address of proxy (For an applicat	tion by the proxy)
Parent   Guardian of adult   Proxy authorized by the person himself/herself   Others ( )		
elation to the applicant (in person) * Please select the one applicable to you.    Parent   Guardian of adult   Proxy authorized by the person himself/herself   Others ( )    Pormation to identify the individual from the personal data retained by the Company ase enter the information, etc. which has been submitted to the Company.   Name   2. Address   Postal code	me in katakana	Postal code
Parent   Guardian of adult   Proxy authorized by the person himself/herself   Others ( )	Seal	
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2. Address   Postal code	☐ Parent ☐ Guardian of adult ☐ Proxy	, authorized by the person himself/herself $\Box$ Others ( )
Reason why the personal data of the person are deemed to be held by the Company (Please enter the name of campaign, time of provision, etc.)  The information is used to confirm presence or absence of the personal data of the applicant.  The information of purpose of use of retained personal data  The personal information of purpose of use of retained personal data  The personal information of the applicant and the proxy, we may contact the applicant for further confirmation.  The personal information of the applicant and the proxy, we may contact the applicant for mains of the purpose of proxy carbitrary form, but signed and sealed by the applicant for further confirmation.  The personal information of the applicant and the proxy written on this request form is used only for the purpose of proxocessing the request by Lotte City Hotel Kinshicho (Please D Not Fill Out.)  The personal information of the applicant and the proxy written on this request form is used only for the purpose of proxocessing the request based on this request form and for improving the Company's personal information protection systems of the proxy and the purpose of processing the request based on this request form and for improving the Company's personal information protection systems of the proxy and the proxy, we may contact the applicant himself/herself for confirmation.  The personal information of the applicant and the proxy written on this request form is used only for the purpose of processing the request based on this request form and for improving the Company's personal information protection systems of the proxy and the proxy written on the proxy personal information protection systems and the proxy personal in		
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aterials, etc. to be attached at the time of request  (1) Documents necessary to identify the individual Please obtain any two of the following documents and make one photocopy of each of them.  Driver's license Passport Health insurance ID card of any kind Pension handbook of any kind Copy of family register/ abstract of family register (within 3 months from the date of issue) Copy of fresidence certificate (within 3 months from the date of issue) Identification card (2) Handling charge JPY800 [tax included] (Please enclose postage stamps equivalent to JPY800.)  3) If a proxy is acting on behalf of an applicant, in addition to the above documents, please obtain the document to verify the power of representation.  Letter of proxy (arbitrary form, but signed and sealed by the applicant) Copy of family register (within 3 months from the date of issue) Document to verify that you are the applicant's guardian or guarantor  If there is any uncertainty in these documents, we may contact the applicant for further confirmation.  Also in the case of request by the proxy, we may contact the applicant himself/herself for confirmation.  The personal information of the applicant and the proxy written on this request form is used only for the purpose of processing the request based on this request form and for improving the Company's personal information protection system of the purpose of the request based on this request form and for improving the Company's personal information protection system of the purpose of the request based on this request form and for improving the Company's personal information protection system of the purpose of the request based on this request form and for improving the Company's personal information protection system of the purpose of the request based on this request form and for improving the Company's personal information protection system of the purpose of	•	
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Reception date of documents  Contact for Handling of Personal Information (month)(day)(year) / /	Please obtain any two of the following docume	ents and make one photocopy of each of them.  rance ID card of any kind Pension handbook of any kind register (within 3 months from the date of issue)  riths from the date of issue) Identification card enclose postage stamps equivalent to JPY800.) addition to the above documents, er of representation. and sealed by the applicant) om the date of issue) ant's guardian or guarantor we may contact the applicant for further confirmation.  recontact the applicant himself/herself for confirmation.  The proxy written on this request form is used only for the purpose of m and for improving the Company's personal information protection systems.
Contact for Handling of Personal Information (month)(day)(year)	ne following to be completed by Lotte City Hotel K	
Personal Information (month)(day)(year) / /		Contact for Handling of
Responsible person   Person in charge		Personal Information (month)(day)(year) / /
		Respuisible person in charge

**LOTTE** CITY HOTEL

## Request for Notification/Disclosure of Purpose of Use of Retained Personal Data

## Date of sending of the request form

Western calendar date (month)(day)(year) XX / XX / XXXX

Name & address of applicant (in perso	on)
Name	Address
Name in katakana	Postal code 130-0013
Hanako Yamada s	4-6-1 Kinshi, Sumida-ku, Tokyo,Japan
Name & address of proxy (For an app	lication by the proxy)
Name	Address
Name in katakana	Postal code
	Seal
Relation to the applicant (in person) * Ple	ease select the one applicable to you.
☐ Parent ☐ Guardian of adult ☐ P	Proxy authorized by the person himself/herself
<b>Information to identify the individual</b> Please enter the information, etc. which has bee	I from the personal data retained by the Company
1. Name	2. Address Postal code
Hanako Yamada	4-6-1 Kinshi, Sumida-ku, Tokyo, Japan 130-0013
3. Telephone	4. Email address
+81 (3)-5388-XXXX	hanako@lottecityhotel.jp
5. Reason why the personal data of the person a (Please enter the name of campaign, time of page 1).	
Use of hot	el accommodation in April 20xx
* The information is used to confirm presence o	r absence of the personal data of the applicant.
Item to be requested * Please select the	one applicable to you.
☐ Notification of purpose of use of re	tained personal data Disclosure of retained personal data
Materials, etc. to be attached at the ti	ime of request
<ul> <li>Driver's license ● Passport ● Health i</li> <li>Copy of family register/ abstract of fam</li> <li>Copy of residence certificate (within 3 r</li> <li>(2) Handling charge JPY800 [tax included] (Ple</li> <li>(3) If a proxy is acting on behalf of an applican please obtain the document to verify the p</li> <li>Letter of proxy (arbitrary form, but sign</li> <li>Copy of family register (within 3 month</li> <li>Document to verify that you are the ap</li> <li>* If there is any uncertainty in these document</li> <li>Also in the case of request by the proxy, we in</li> </ul>	cuments and make one photocopy of each of them.  Insurance ID card of any kind Pension handbook of any kind  It register (within 3 months from the date of issue)  months from the date of issue) Identification card  ease enclose postage stamps equivalent to JPY800.)  It, in addition to the above documents,  sower of representation.  med and sealed by the applicant)  Instruments of issue o
	nd the proxy written on this request form is used only for the purpose of t form and for improving the Company's personal information protection system.
The following to be completed by Lotte City Ho	tel Kinshicho (Please Do Not Fill Out.)

Contact for Handling of Personal Information		
Responsible person	Person in charge	

Reception date of documents
(month)(day)(year) / /

