

Request for Correction, Addition, or Partial Deletion of Retained Personal Data

Date of sending of the request form

Western calendar date (month)(day)(year) _____ / _____ / _____

Name & address of applicant (in person)

Name	Address
Name in katakana	Postal code
Seal	

Name & address of proxy (For an application by the proxy)

Name	Address
Name in katakana	Postal code
Seal	

Relation to the applicant (in person) * Please select the one applicable to you.

Parent Guardian of adult Proxy authorized by the person himself/herself Others ()

Information to identify the individual from the personal data retained by the Company

Please enter the information, etc. which has been submitted to the Company.

1. Name	2. Address Postal code
3. Telephone	4. Email address
5. 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 following to be completed by Lotte City Hotel Kinshicho (Please Do Not Fill Out.)

Contact for Handling of Personal Information	
Responsible person	Person in charge

Reception date of documents

(month)(day)(year) _____ / _____ / _____



Item for which correction (addition/deletion) is requested, content of correction, and grounds for correction

* Please circle the number of the item for which correction (addition/deletion) is requested and enter the type, content, and grounds for correction.

Item of the request	Type of correction * Please select the one applicable to you.	Content after revision	Grounds for correction
1. Name	<input type="checkbox"/> Correction of content <input type="checkbox"/> Addition of content <input type="checkbox"/> Partial deletion of content		
2. Address	<input type="checkbox"/> Correction of content <input type="checkbox"/> Addition of content <input type="checkbox"/> Partial deletion of content		
3. Telephone	<input type="checkbox"/> Correction of content <input type="checkbox"/> Addition of content <input type="checkbox"/> Partial deletion of content		
4. Email address	<input type="checkbox"/> Correction of content <input type="checkbox"/> Addition of content <input type="checkbox"/> Partial deletion of content		
5. Date of birth	<input type="checkbox"/> Correction of content <input type="checkbox"/> Addition of content <input type="checkbox"/> Partial deletion of content		
6. Others ()	<input type="checkbox"/> Correction of content <input type="checkbox"/> Addition of content <input type="checkbox"/> Partial deletion of content		

Materials, 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 residence 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.**



Request for Correction, Addition, or Partial Deletion of Retained Personal Data

Sample

Date of sending of the request form

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

Name & address of applicant (in person)

Name	Address
Name in katakana Hanako Yamada Seal	Postal code 130-0013 4-6-1 Kinshi, Sumida-ku, Tokyo, Japan

Name & address of proxy (For an application by the proxy)

Name	Address
Name in katakana Seal	Postal code
Relation to the applicant (in person) * Please select the one applicable to you.	
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian of adult <input type="checkbox"/> Proxy authorized by the person himself/herself <input type="checkbox"/> Others ()	

Information to identify the individual from the personal data retained by the Company

Please enter the information, etc. which has been submitted to the Company.

1. Name Hanako Yamada	2. Address Postal code 4-6-1 Kinshi, Sumida-ku, Tokyo, Japan 130-0013
3. Telephone +81 (3)-5388-XXXX	4. Email address hanako@lottecityhotel.jp
5. 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.) Use of hotel accommodation in April 20xx	

* The information is used to confirm presence or absence of the personal data of the applicant.

The following to be completed by Lotte City Hotel Kinshicho (Please Do Not Fill Out.)

Contact for Handling of Personal Information	
Responsible person	Person in charge

Reception date of documents

(month)(day)(year) / /



Item for which correction (addition/deletion) is requested, content of correction, and grounds for correction

* Please circle the number of the item for which correction (addition/deletion) is requested and enter the type, content, and grounds for correction.

Item of the request	Type of correction * Please select the one applicable to you.	Content after revision	Grounds for correction
1. Name	<input checked="" type="checkbox"/> Correction of content <input type="checkbox"/> Addition of content <input type="checkbox"/> Partial deletion of content	Hanako Tanaka	Change of name due to marriage
2. Address	<input checked="" type="checkbox"/> Correction of content <input type="checkbox"/> Addition of content <input type="checkbox"/> Partial deletion of content	X-X-X Kinshi, Sumida-ku, Tokyo, Japan 130-0013	Change of address due to moving
3. Telephone	<input type="checkbox"/> Correction of content <input type="checkbox"/> Addition of content <input type="checkbox"/> Partial deletion of content		
4. Email address	<input type="checkbox"/> Correction of content <input type="checkbox"/> Addition of content <input type="checkbox"/> Partial deletion of content		
5. Date of birth	<input type="checkbox"/> Correction of content <input type="checkbox"/> Addition of content <input type="checkbox"/> Partial deletion of content		
6. Others ()	<input type="checkbox"/> Correction of content <input type="checkbox"/> Addition of content <input type="checkbox"/> Partial deletion of content		

Materials, etc. to be attached at the time of request

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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 residence 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

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