## Request for Suspension of Use, Suspension of Provision to Any ThirdParty, or Full 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 Postal code Name in katakana Seal Relation to the applicant (in person) \* Please select the one applicable to you. Others ( 🗌 Parent Guardian of adult Proxy authorized by the person himself/herself ) 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 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. **Item to be requested** \* Please select the one applicable to you. □ Suspension of use of retained personal data □ Full deletion of retained personal data Suspension of provision of retained personal data to third parties Ground for request for suspension of use or deletion 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.

processing the request based on this request form and for improving the Company's personal information protection system.

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

	Handling of nformation
Responsible person	Person in charge

The personal information of the applicant and the proxy written on this request form is used only for the purpose of

Reception date of documents

(month)(day)(year) / /



## Request for Suspension of Use, Suspension of Provision to Any ThirdParty, or Full Deletion of Retained Personal Data

Sample	Date of sending of the request form Western calendar date (month)(day)(year) / /
Name & address of applicant (in perso	
Name	Address
Name in katakana	Postal code 130-0013
Hanako Yamada <sub>se</sub>	4-6-1 Kinshi, Sumida-ku, Tokyo, Japan
Name & address of proxy (For an application by the proxy)	
Name Name in katakana	Address Postal code
Se	
Relation to the applicant (in person) * Plea	ise select the one applicable to you.
Parent Guardian of adult Pro	bxy authorized by the person himself/herself $\Box$ Others ( )
Information to identify the individual f Please enter the information, etc. which has been	from the personal data retained by the Company submitted to 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 are (Please enter the name of campaign, time of pr	
	accommodation in April 20xx
* The information is used to confirm presence or a Item to be requested * Please select the or	
□ Suspension of use of retained p	
Ground for request for suspension of u	se or deletion
Unable to use the	e service due to moving to overseas
Materials, etc. to be attached at the tir	ne of request
<ul> <li>Driver's license Passport Health ins</li> <li>Copy of family register/ abstract of family</li> <li>Copy of residence certificate (within 3 mo</li> <li>Handling charge JPY800 [tax included] (Pleas</li> <li>If a proxy is acting on behalf of an applicant, i please obtain the document to verify the pov</li> <li>Letter of proxy (arbitrary form, but signed</li> <li>Copy of family register (within 3 months f</li> <li>Document to verify that you are the appli</li> <li>* If there is any uncertainty in these documents, Also in the case of request by the proxy, we ma</li> </ul>	nents and make one photocopy of each of them. urance ID card of any kind  Pension handbook of any kind register (within 3 months from the date of issue) onths from the date of issue)  Identification card e enclose postage stamps equivalent to JPY800.) in addition to the above documents, wer of representation. d and sealed by the applicant) from the date of issue)
processing the request based on this request f	form and for improving the Company's personal information protection system.
The following to be completed by Lotte City Hote	
	Reception date of documents
	Personal Information         (month)(day)(year)         /           Responsible person         Person in charge         (month)(day)(year)         /

LOTTE CITY HOTEL