

**Disclosure Application Form for Retained Personal Data / Record of Provision to a Third Party**

Attn: Personal Information Protection Manager

Ipsos K.K.

Address	
Name	
Application date	

I wish to request the following action in regard to the following information possessed by Ipsos K.K.

**\* Outline of the personal information requested**

Name or subject of the questionnaire participated in	<Fill in as specifically as you are able>
Means in which the questionnaire was administered (Please check the one that applies.)	<input type="checkbox"/> Telephone <input type="checkbox"/> Visit <input type="checkbox"/> Mail <input type="checkbox"/> Venue <input type="checkbox"/> Focus group <input type="checkbox"/> Fax <input type="checkbox"/> Internet <input type="checkbox"/> Other
Date of participation	Approximate date

**\* Category of request (Please check the category that applies.)**

<input type="checkbox"/> Notification of purpose for use	<Specific request >
<input type="checkbox"/> Personal information disclosure	
<input type="checkbox"/> Disclosure of third-party records	
<input type="checkbox"/> Cessation of the use of personal information, removal of information, cessation of provision to third party	
<input type="checkbox"/> Personal information revision	<Pre-revision information> <Post-revision information>
<input type="checkbox"/> Personal information addition	<Information added>
<input type="checkbox"/> Personal information deletion	<Information deleted>

**\* How you want us to contact you**

Ipsos could conceivably contact you in order to respond to your request. Please indicate how you would prefer to be contacted.

The above personal information that you provide will not be used for any purpose other than to respond to this request.

How you would like to be contacted (please check the preferred method):

1. Mail	
2. Telephone (please fill in your telephone number)→	
3. Fax (please fill in your fax number)→	
4. Email (please fill in your email address)→	

\* Notification of purpose for use and personal information disclosure require a separate processing fee to be submitted in stamps. And please include in your submission ID for the individual concerned. (A photocopy is acceptable.)

- Driver's license (we request that the registered domicile be masked)
- Passport
- Health insurance card
- Other official ID

**【For Ipsos use only】**

Personal Info. Protection Mngr.	Received by