

SAMPLE

Hitachi Channel Solutions, Corp.

Personal Information Protection and Privacy Committee

Request Form for Personal Information

Based on Article 33 of the Personal Information Protection Law, I am making the following request.

-- Details --

| | |
|--|---|
| Date of Request | 2005 Year 04 month 20 day |
| Address | (zip code)100-8280 1 Ikegami, Haruoka-cho, Owariasahi-shi, Aichi, Japan, 488-8501 |
| Name | Hitachi Taro (and signature/personal seal) |
| Tel. Num | 03-3258-1111 Fax. Num |
| E-mail Address | xxxxxxxxxxxxxx@hitachi-ch Hitachi Channel Solutions, Corp may need to contact you. |
| Relation to Hitachi Channel Solutions, Corp. | <input checked="" type="checkbox"/> Individual Customer (Purchased product name:) |
| | <input type="checkbox"/> Staff member or worker for purchase: Their company or org .name : Work location related to Hitachi Channel Solutions, Corp. : |
| | <input type="checkbox"/> Stockholder: |
| | <input type="checkbox"/> Hitachi Channel Solutions, Corp. employee: (Employee number:) |
| | <input type="checkbox"/> Retired staff: Work location:) |
| | <input type="checkbox"/> Other:(Please be specific.) |
| Request contents | <input checked="" type="checkbox"/> Purpose-of-use report |
| | <input checked="" type="checkbox"/> Reveal |
| | <input type="checkbox"/> Correct, add, or delete |
| | <input type="checkbox"/> Stop usage or erase |
| | <input type="checkbox"/> Stop provision to a third party |
| | <input type="checkbox"/> Record of the provision to/receipt from the third party |
| Request details | |
| Format of Response | If you have any requests regarding the format of response, please indicate them below. If no specific request is made, we will reply by document. (We will reply in the manner stipulated by each service and / or as far as reasonably) |
| Request basis | (Basis for customer believing that Hitachi Channel Solutions, Corp maintains personal information) When new consumer products are Try to be as details as possible |

Enter Estimated sending date

Enter Address from document proving identity

Hitachi Channel Solutions, Corp may need to contact you.

Enter checkmarks on the right .

Enter checkmarks on the right .

Try to be as details as possible

Please note:

- 1. When mailing a request by post, send it by registered mail or by any other method that leaves a record of delivery.**
- 2. Attach a copy of a document confirming your identity (such as health insurance card and driving license.**
- 3. When a representative making a request, attach(i) a copy of the identity card of the data subject and of the representative and (ii) a letter of attorney.**
- 4. When requesting notification or disclosure of the purpose of use, pay the fee in advance and attach a copy of the document pricing the payment (such as ATM transfer receipt if bank transfer).**
- 5. We may not be able to meet your request regarding the format of response.
If by post, it will send by restricted recipient delivery (special type) to the address stated on your identification documents.**
- 6. Personal information provided in this form will only be used to the extent necessary to response your request such as disclosure.**
- 7. As a result of our Search for your personal information, if we are fine out it is highly likely that we do not keep your personal information and one of Hitachi companies might keep it, we might contact the company to investigate the personal information you have provided in this request form.**