

# Application to cease the usage of stored personal information

Application submission date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Name and address of applicant

Please circle either item below	Name	Address
1. Applicant 2. Representative of applicant	Seal or signature	-

## Regarding identifying information from our stored personal information database:

We will use the information you provide to confirm whether we have stored your personal information in our database. Please provide the following information listed below.

1. Your name	2. Your address
3. Your phone number	4. Your email address
5. The reason why you believe we have your personal information in our database (for example, a promotion campaign in which you have participated)	

## Reasons for requesting the termination of stored personal information usage (please circle either item)

1. I do not want to receive promotional flyers or information from Morinaga	2. Other please specify: _____
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## Documents required to be attached with the application

[When the application is submitted by the person in question] A copy of your driver's license, health insurance card, or other papers issued by a public entity
[When the application is submitted by a person representing you on your behalf] 1. A copy of your driver's license, health insurance card, or other papers issued by public entity 2. A copy of your representative's driver's license, health insurance card, or other papers issued by public entity 3. A letter of attorney from you to the representative, and a seal certification of your seal used for the letter of attorney 4. When the application is submitted by a minor, or the legal representative of an adult guardian, we require item number 3 together with a copy of the authenticated proof of the identity of a legal representative

Thank you.