

# Application Form for the Disclosure, Etc. of Retained Personal Data

To: Contact Point for Personal Information Inquiries, TOYOTA CONIQ Pro, Inc.

(Date: \_\_\_\_\_ )

|   |   |  |
|---|---|--|
| Content applying for  | <input type="checkbox"/> Notification of purposes of use (Fee JPY 480) <input type="checkbox"/> Disclosure (Fee JPY 480) <input type="checkbox"/> Correction, addition, deletion<br><input type="checkbox"/> Discontinuation of use <input type="checkbox"/> Elimination <input type="checkbox"/> Discontinuation of provision to a third party<br><input type="checkbox"/> Disclosure of records of provision to a third party (Fee JPY 480) |  |
| Name  | (Furigana)  | Applicant  |
|   | Seal  | <input type="checkbox"/> Person <input type="checkbox"/> Agent |
| Address   |   |  |
| Contact information   | (Home Tel. No.)   | (Daytime Tel. No.)   |
|   | (E-mail address)  |  |
| Person's identity verification document   | Copy of <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Insurance card of any type   |  |
| Fill out only in the case of application by agent   |   |  |
| Agent's name  | (Furigana)  | Addressee for response to disclosure, etc.                     |
|   | Seal  | <input type="checkbox"/> Person <input type="checkbox"/> Agent |
| Agent's address   | (Zip Code)  |  |
| Contact information   | (Home Tel. No.)   | (Daytime Tel. No.)   |
|   | (E-mail address)  |  |
| Agent's identity verification document  | Copy of <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Insurance card of any type   |  |
| Confirmation of agent's authority   | <input type="checkbox"/> Document to confirm legal representative authority (legal representative) <input type="checkbox"/> Power of attorney (entrusted agent)   |  |
| Content of retained personal data subject to application (Required)   |   |  |
| Correction  | (Before correction)   | (After correction)   |
| Addition  |   |  |
| Deletion  |   |  |
| * Insert reasons for correction, addition, deletion, discontinuation of use, elimination, or discontinuation of provision to a third party. |   |  |
| (Reasons)   |   |  |
| (Remarks)   |   |  |
| * Preferred disclosure method (Check one of the following boxes)  |   |  |
| <input type="checkbox"/> By electromagnetic records designated by the Company   |   | <input type="checkbox"/> By document                           |
| * Preferred response method (Check one of the following boxes)  |   |  |
| <input type="checkbox"/> By e-mail  |   | <input type="checkbox"/> By mail                               |

**\* Please send this form with the identity verification document and other required documents by simplified registered mail or registered mail with delivery certificate.**