Invoice for Disclosure of Personal Information

Please fill in the following items.
In addition, please present one of the following as a document that you can confirm (in the case of mail, enclose a copy so that you can see your current address) (the person and the claimant) In the case of another person, for both people).
・ Driver's license ・ Passport ・ Health insurance card ・ Copy of documents that can confirm the person's name and current address
※ Please fill in the registered domicile and present it.

Date of entry Year Month Day

1. Requester information

Furigana	
Name	Seal/signature
Address	〒 Prefecture City Towns and villages Apartment name
Your phone number	( ) —

2. Billing details

Billing items		☐ Notification of purpose of use ☐ Disclosure ☐ Suspension of use ☐ Others: ( )
Provided Time・Method		**<Please be as specific as possible as it will be necessary for investigating personal information.>**
Target Person	Claimant Ms/Mr Relationship with	☐ The person ☐ Other person (please fill in the thick box below) **※When requesting disclosure of personal information other than the person , it is necessary for the person to present a power of attorney and a seal registration certificate.**
	Furigana	
	Name	Seal/signature
	Address	〒 Prefecture City Towns and villages Apartment name
	number	( ) —

3. Opinions, etc.

This request form and the submitted identity verification materials will be used to request procedures such as disclosure from customers and verify the customer's identity. It will not be used for any other purpose.

☐ Identity verified
☐ Principal ☐ Agent
☐ Driver's license ☐ Passport ☐ Other