

(Form 2)

Application date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/day/year)

To: Personal Data Protection Group  
Toshiba IT-Services Corporation

### Matters Concerning the Agent

Name	(Affix a seal here)
Zip code	
Telephone number	(To be contacted only from 9 a.m. to 5 p.m. on weekdays)
Agent identity confirmation document (Circle the applicable number to the enclosed document)	1. Driver's license 2. Health insurance card 3. Passport 4. Pension booklet 5. Resident registry card with a photo attached 6. Duplicate of the alien registration card (Send a copy of the document, except that the original is required for 6)
Name of the person to whom the personal data refers	
Relationship to the person to whom the personal data refers (Circle the applicable number)	1. Legal representative (Person with parental authority etc.) 2. Person authorized by the principal

\*In the case of a request made through an agent, be sure to submit the following documents in addition to the Request Form for Personal Data Disclosure etc.:

- (1) Matters Concerning the Agent (this document);
- (2) Agent identity confirmation document; and
- (3) Letter of Attorney and a seal registration certificate for the seal affixed on the Letter of Attorney.

When the agent is a person with parental authority or other legal representative, a certificate of residence, a certificate of health insurance, or other document indicating the relationship with the person to whom the personal data refers may be submitted instead of the Letter of Attorney.

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(Please do not write in the space below, which is used by Toshiba IT-Services Corporation)

Agent identified by	1. 2. 3. 4. 5. 6.	Office in charge
Letter of Attorney	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not enclosed <input type="checkbox"/> Other ( )	
Seal registration certificate	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not enclosed	
Remarks		