

Application for Stoppage of Use, etc., of Personal Information

Date: / /

To: Personal Information Protection Manager,
The Japan Prize Foundation

Applicant's name

Address

Tel. () -

Consenting to the contents of the document, "Matters Related to the Disclosure, etc., of Personal Information," I hereby request, as stated below, and in accordance with the provisions in Article 27 of the Personal Information Protection Law, a stoppage of use, etc., of personal information in your possession.

1. Details about the action requested

Action requested <input type="checkbox"/> Stoppage of use <input type="checkbox"/> Elimination <input type="checkbox"/> Stoppage of provision to third party
The information that is the subject of the request
Purpose/reason for request

2. Identification of Principle, etc.

Applicant	<input type="checkbox"/> Principle <input type="checkbox"/> Representative
Principle-identifying documents	<input type="checkbox"/> Copy of driver's license <input type="checkbox"/> Copy of passport <input type="checkbox"/> Copy of health insurance ID Card <input type="checkbox"/> Copy of pension book <input type="checkbox"/> Copy of alien registration card <input type="checkbox"/> Copy of handicapped person identification booklet <input type="checkbox"/> Copy of basic resident registration card with photograph <input type="checkbox"/> Personal seal registration certificate <input type="checkbox"/> Other ()
Representative-identifying documents (This need not be filled out when the Principal is applying.)	1 Legal representative <input type="checkbox"/> Family register abstract <input type="checkbox"/> Registration certificate 2 Person delegated by Principal <input type="checkbox"/> Letter of attorney (prescribed by Foundation) <input type="checkbox"/> Copy of driver's license <input type="checkbox"/> Copy of passport <input type="checkbox"/> Copy of health insurance ID Card <input type="checkbox"/> Copy of pension book <input type="checkbox"/> Copy of alien registration card <input type="checkbox"/> Copy of handicapped person identification booklet <input type="checkbox"/> Copy of basic resident registration card with photograph <input type="checkbox"/> Personal seal registration certificate <input type="checkbox"/> Other ()
Name, address, etc. of person specified in the personal information in question (This need not be filled out when the Principal is that person.)	1 Name <hr/> 2 Address <hr/> Tel. () -