

Application Form for Disclosing Personal Information

Date _____

To Public Relations, Mochida Pharmaceuticals Co., Ltd.

I am sending the request below based on Article 24 of the Act on the Protection of Personal Information.

Destination	<input type="checkbox"/> Mochida Pharmaceutical Co., Ltd. <input type="checkbox"/> Mochida Pharmaceutical Plant Co., Ltd. <input type="checkbox"/> Mochida Healthcare Co., Ltd. <input type="checkbox"/> Other ()	
Individual	Address 〒 —	
	Name	Phone No. () —
Agent (*Please fill out if the application is being made by an agent on your behalf.)	Address 〒 —	
	Name	Phone No. () —
Type of Personal Information	<input type="checkbox"/> Medical-Related Persons <input type="checkbox"/> Mail Order Users <input type="checkbox"/> Inquirers <input type="checkbox"/> Suppliers <input type="checkbox"/> Shareholders of the Company <input type="checkbox"/> Recruitment Candidates <input type="checkbox"/> Employees <input type="checkbox"/> Other()	
Items for Application	<input type="checkbox"/> ①Notification of Purposes <input type="checkbox"/> ②Disclosure <input type="checkbox"/> ③Correction <input type="checkbox"/> ④Addition <input type="checkbox"/> ⑤Deletion <input type="checkbox"/> ⑥Suspension of Use <input type="checkbox"/> ⑦Elimination <input type="checkbox"/> ⑧Suspension of provision to third parties	
Reason for Application (*No necessary if request is ① or ② above)	Item	Reason
	③④⑤	<input type="checkbox"/> Not true <input type="checkbox"/> Other ()
	⑥⑦	<input type="checkbox"/> Acquired in an illegal manner <input type="checkbox"/> Use beyond the scope of the purposes <input type="checkbox"/> Other ()
	⑧	<input type="checkbox"/> Provision to third parties without consent <input type="checkbox"/> Other ()
Details of your Application (*Please fill out if request is for ③, ④ or ⑤ above)	③Correction: Items of Personal Data to be corrected () Before Correction () After Correction ()	
	④Addition: Items of Personal Data to be added () More details ()	
	⑤Deletion: Items of Personal Data to be deleted () More details ()	

* For the "Destination", "Type of Personal Information", "Items for Application" and "Reason for Application" on the form, enter a check mark in the box corresponding to the item.

* Notice: Application requires following documents for identification.

1. In case of request yourself (Please enclose a copy of one of the following.)

☐ Certificate of residence ☐ Passport ☐ Driver's license ☐ Health insurance card ☐ Pension record book

☐ Tax payment certificate(or Tax exemption certificate)

2. In case of request by an agent

- (1) Legal agent

☐ Declaration form ☐ Document confirming power of legal representation

☐ Document confirming that person making request is legal agent of a minor or adult ward

- (2) Authorized agent

☐ Letter of authorization ☐ Personal seal certificate of the agent (if any)

☐ Documents to confirm that the agent is the authorized representative

* A fee separately set forth will be charged for items "①" and "②".