

Declaration Form

Applicant

Name

Address

As a legal agent of the above applicant, I exercise its authority in the following:

- Regarding the following requests for “personal data” of the applicant held by your company.

☐①Notification of purpose of use ☐②Disclosure ☐③Correction

☐④Addition ☐⑤Deletion ☐⑥Suspension of use ☐⑦Elimination

☐ ⑧ Suspension of provision to third parties

(Enter a check mark in the box corresponding to the item)

- Mochida Pharmaceutical Co., Ltd.
- Mochida Pharmaceutical Plant Co., Ltd.
- Mochida Healthcare Co., Ltd.
- Other()

(Circle the destination company name or enter the company name)

Date

Legal agent

Address

Name

Signature/Name seal

Relationship with the applicant (Enter a check mark in the box corresponding to the item)

☐ Legal agent of minor ☐ Legal agent of adult ward (Adult guardian)

Status of the applicant (Enter a check mark in the box corresponding to the item)

☐Minors (under 15 years old) ☐Minors (15 years old and over) ☐Adult ward

Document to be submitted confirming power of legal representation (Enter a check mark in the box corresponding to the item)

☐ Abstract of family register of the applicant ☐ Certificate of Registered Matters for guardianship

☐ Certificate of Registered Matters for curatorship

☐ Certificate of Registered Matters for assistance