

(month) (day), (year)

Personal Information  
Support Desk,  
Tanita Health Link, Inc.

7<sup>th</sup> Floor at Mita 43MT  
Building, 3-13-16 Mita,  
Minato-ku, Tokyo, Japan,  
108-0073

Personal Information  
Disclosure Request Form

I understand that the personal information I provide in this request form will be used only for identity verification by Tanita Health Link, Inc. and herewith request personal data regarding the purpose of use or make requests concerning disclosure, revision, addition, or partial deletion of the content, refusal of use or provision.

- When did you originally provide your personal information for our services (asking for leaflets, application, contract, transaction, etc.)?

Approximate Date	Around _____(month) (day), (year) *As close as you can remember.

- If you are requesting disclosure of personal data you have registered with us (including the purpose of use), list the data you are requesting.

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- If you are requesting revision of your personal data you have registered with us (including addition and partial deletion), write the items you wish to be revised and the desired revision.

Content of the Revision	Data to be Revised	⇒	Desired Revision

- If you are requesting suspension of use, complete deletion, or suspension of provision to a third party, choose from below and provide the reason.

<input type="checkbox"/> Suspension of Use	<input type="checkbox"/> Complete Deletion of Data	<input type="checkbox"/> Suspension of Provision to a Third Party
Reasons	(If you do not mind, please provide the reasons for the request.)	

- The individual making the request

Individual making the request	Name in block letters	
	Name	
	Address	
	TEL	

