

NISSHO ELECTRONICS CORPORATION

Point of Contact: (.....) Business Division (.....) Dept.  
 Contact Employee: (.....) Tel: (.....) E-Mail: (.....)

**Personal Information Disclosure, Correction, or Deletion Request Form**

I hereby make the following request regarding my personal information retained by NISSHO ELECTRONICS CORPORATION.

<b>Request Date</b>		
<b>Name</b>		
<b>Address &amp; Contact Details</b>	Postal code	Tel:
		Fax:
		E-Mail:
<b>Relationship with NISSHO ELECTRONICS</b>	<input type="checkbox"/> Individual customer <input type="checkbox"/> Business partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Former employee (affiliation when retiring: _____ ) <input type="checkbox"/> Other ( _____ )	
<b>Request</b>	<input type="checkbox"/> Notification of purpose of use <input type="checkbox"/> Disclosure <input type="checkbox"/> Correction <input type="checkbox"/> Deletion <input type="checkbox"/> Refusal of use	
	Details:	
	Reason:	
<b>Identity Verification Information</b> (Indicate information retain by NISSHO ELECTRONICS)	(Example: Questionnaire submitted at a seminar on DATE, information: name, employer, telephone number)	
<b>Relationship Between Personal Information and Person Making Request</b>	<input type="checkbox"/> Requester (own information) <input type="checkbox"/> Representative* *Attach a letter of attorney (or a document that indicates your relationship to the personal involved in the request)	
<b>Method of Receiving Report</b>	<input type="checkbox"/> E-Mail <input type="checkbox"/> Post <input type="checkbox"/> Fax Reports shall be sent to the email address, mailing address or fax number stated above	

**NOTE:**

**- Personal information collected as part of this request will only be used to the extent necessary to respond to the request.**

**- Depending on the nature of your request, it may take us some time to respond.**

For use by NISSHO ELECTRONICS:

Date Received:    /    /    Received By:                      Reference No.: