

Request for Retained Personal Data Disclosure

Date (mm/dd/yy):

To Mitsubishi Corporation:

Home address (required)	Postal code: ..... .....
Name (required)	
Phone number (required)	Home: (    )       - Daytime: (    )       -
Desired address for receiving reply notification from us (required) (Not required if it is the same as home address)	Postal code: ..... .....

1. Identification key\*

(Check and enter in the registered items)	<input type="checkbox"/> Name of place of work	..... .....
	<input type="checkbox"/> Office address	Postal code: ..... .....
	<input type="checkbox"/> Office phone number	(    )       -
	<input type="checkbox"/> Office fax number	(    )       -
	<input type="checkbox"/> Office email address	
	<input type="checkbox"/> Private email address	
	<input type="checkbox"/> Department	..... .....
	<input type="checkbox"/> Title	..... .....
	<input type="checkbox"/> Mobile phone number	(    )       -
	<input type="checkbox"/> Date of birth (mm/dd/yy)	
	<input type="checkbox"/> MC membership No.	
	<input type="checkbox"/> Former MC officer/employee	Retirement date: Last department:
	<input type="checkbox"/> Other	

\* Identification key is an item used to distinguish between information on people with the same name contained in the information registered by us.

2. Disclosure request for provided personal information

<p>1) Subject organization name (required) Enter the name of our organization to which you provided your personal information: ( 1 ) Head Office (Tokyo) Group/Section name: Select the relevant Group/Section.</p> <table border="0"><tr><td><input type="checkbox"/> Corporate Staff Section</td><td><input type="checkbox"/> Urban Development Group</td></tr><tr><td><input type="checkbox"/> Industry Digital Transformation Group</td><td><input type="checkbox"/> Natural Gas Group</td></tr><tr><td><input type="checkbox"/> Next-Generation Energy Business Group</td><td><input type="checkbox"/> Chemicals Solution Group</td></tr><tr><td><input type="checkbox"/> Industrial Materials Group</td><td><input type="checkbox"/> Industrial Infrastructure Group</td></tr><tr><td><input type="checkbox"/> Mineral Resources Group</td><td><input type="checkbox"/> Food Industry Group</td></tr><tr><td><input type="checkbox"/> Automotive &amp; Mobility Group</td><td><input type="checkbox"/> Power Solution Group</td></tr><tr><td><input type="checkbox"/> Consumer Industry Group</td><td></td></tr></table> <p>Department name: Enter the relevant department name. ( )</p> <p>(2) Branch in Japan: Enter the relevant branch name and department name. Branch name: ( ) Department name: ( )</p>	<input type="checkbox"/> Corporate Staff Section	<input type="checkbox"/> Urban Development Group	<input type="checkbox"/> Industry Digital Transformation Group	<input type="checkbox"/> Natural Gas Group	<input type="checkbox"/> Next-Generation Energy Business Group	<input type="checkbox"/> Chemicals Solution Group	<input type="checkbox"/> Industrial Materials Group	<input type="checkbox"/> Industrial Infrastructure Group	<input type="checkbox"/> Mineral Resources Group	<input type="checkbox"/> Food Industry Group	<input type="checkbox"/> Automotive & Mobility Group	<input type="checkbox"/> Power Solution Group	<input type="checkbox"/> Consumer Industry Group	
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<p>2) Name of the product/service provided by the relevant organization (required)</p>														
<p>3) Situation, form (questionnaire answer, seminar participation, etc.) and time of personal information provision (required) Situation: Form: Time of provision: Note: <u>To specify your personal information, please enclose related materials to whatever extent is possible.</u> e.g., seminar material, brochure or application form</p>														
<p>4) Item of retained personal data desired to be disclosed (required) (e.g., name, address or phone number)</p>														
<p>5) Desired method of disclosure (required)</p> <table border="0"><tr><td><input type="checkbox"/> Mail to the desired address for receiving documents</td></tr><tr><td><input type="checkbox"/> Email to the relevant individual's email address (in attachment)</td></tr><tr><td><input type="checkbox"/> Office email address    <input type="checkbox"/> Private email address</td></tr><tr><td><input type="checkbox"/> Mail to the desired address to receive reply notification in electronic medium such as CD-ROM</td></tr></table> <table border="1"><tr><td>Desired address</td><td>Postal code:</td></tr><tr><td></td><td>.....</td></tr><tr><td></td><td>.....</td></tr></table> <p>Note: If the disclosure by the desired method would incur large costs or is otherwise difficult, the disclosure will be made by mailing documents.</p>	<input type="checkbox"/> Mail to the desired address for receiving documents	<input type="checkbox"/> Email to the relevant individual's email address (in attachment)	<input type="checkbox"/> Office email address <input type="checkbox"/> Private email address	<input type="checkbox"/> Mail to the desired address to receive reply notification in electronic medium such as CD-ROM	Desired address	Postal code:		.....		.....				
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Desired address	Postal code:													
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	.....													



Request for Retained Personal Data Disclosure

Date (mm/dd/yy):

To Mitsubishi Corporation:

Home address (required)	Postal code: 123-4567
	#123 XX Heights, 1-2-3 Marunouchi, Chiyoda-ku, Tokyo
Name (required)	Taro Mitsubishi
Phone number (required)	Home: (03) 1234-5678
	Daytime: (090) 4321-5678
Desired address for receiving reply notification from us (required) (Not required if it is the same as home address)	Postal code: 765-4321
	XX Sec., XX Dept., XX Corporation, 4-5-6 Minato, Minato-ku, Tokyo

## 1. Identification key\*

(Check and enter in the registered items)	<input checked="" type="checkbox"/> Name of place of work	XX Corporation
	<input checked="" type="checkbox"/> Office address	Postal code: 765-4321 4-5-6 Minato, Minato-ku, Tokyo
	<input checked="" type="checkbox"/> Office phone number	(03) 1111-2222
	<input type="checkbox"/> Office fax number	(03) 1111-3333
	<input checked="" type="checkbox"/> Office email address	taro.mitsubishi@aaaa.com
	<input type="checkbox"/> Private email address	taro.mitsubishi@xxx.jp
	<input checked="" type="checkbox"/> Department	XX Sec., XX Dept.
	<input checked="" type="checkbox"/> Title	Section Manager
	<input checked="" type="checkbox"/> Mobile phone number	(090) 4444-5555
	<input type="checkbox"/> Date of birth (mm/dd/yy)	April 1, 1963
	<input checked="" type="checkbox"/> MC membership No.	000123
	<input type="checkbox"/> Former MC officer/employee	Retirement date: Last department:
	<input type="checkbox"/> Other	

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<p>2) Name of the product/service provided by the relevant organization (required)</p> <p>Apartment sales</p>														
<p>3) Situation, form (questionnaire answer, seminar participation, etc.) and time of personal information provision (required) Situation: Show apartment visit Form: Questionnaire answer Time of provision: April 1, 2022 Note: <u>To specify your personal information, please enclose related materials to whatever extent is possible.</u> e.g., seminar material, brochure or application form</p>														
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