Request for Correction, etc., of Stored Personal Data

To: Corporate Communications Group Brand Communications Department, OMRON Corporation

Shiokoji Horikawa, Shimogyo-ku, Kyoto 600-8530 Japan

Please complete all applicable spaces on this request form and attach the necessary ID document(s), etc., and send them to the Brand Communications Department by post . (Postage should be paid by the sender.)

In accordance with the provision of Article 34-1 of the Act on the Protection of Personal Information, I would like to request that personal data identifying myself retained by your company be corrected as follows:

1 Requesting party's information

(Date of request: YYYY/MM/DD)

Classification of						
requesting party	□ Person in question				Age	ent
Name, address, date of						
birth, telephone	Name					Seal
number, and email	Date of birth					YYYY/MM/DD
address of the person in	Address,					
question	etc.	TEL	()	
		Mail				@
Name, address, date of	Name					Seal
birth, telephone	Date of birth					
number, and email	Address,					
address of the agent	etc.	TEL	()	
(when a request is		Mail				@
made by an agent)						

- 2 ID document(s) to be submitted (Check the document(s) to be submitted)
 - (1) ID document(s) of the person in question or the agent (One of the following documents)

□ Copy of driver's license	□ Copy of passport	 Copy of health insurance
card		

	0 (1)	" 1 0"						
	□ Copy of alien registr	ration card Other						
	()						
		card ※When a request form is sent by post						
	(2) ID document(s) of the agent (only when a request is made by a legal representative							
	or agent)							
	· When a request is made by a legal representative on behalf of a minor (One of the							
	following documents)							
	 Copy of extract of 	family register Copy of transcript of family register						
	□ Other ()						
	\cdot When a request is made by a legal representative on behalf of an adult ward (One of							
	the following documents)							
	□ Copy of certificate of registered matters □ Copy of certificate of							
	commencement of guar	rdianship						
	□ Other ()						
	• When a request is made by an agent with power of attorney (Both of the following documents)							
	□ Copy of power of attorney (affixed with a registered seal)							
	□ Copy of seal registration certificate for the seal affixed on power of attorney							
	(Seal of the person in	(Seal of the person in question)						
	 When a request is ma 	n a request is made by an attorney, judicial scrivener, administrative scrivener,						
	or other person in bus	siness qualified to serve as an agent after receiving power of						
	attorney	attorney						
	 Documents verify 	□ Documents verifying the agent's qualification (Registration number, seal						
	registration certificate for	or an official seal)						
3	Details of your request							
	Classification of	%Check the applicable box.						
	request	□ Correction □ Addition □ Deletion						
	Correction, etc., you							
	wish to make							

4 Preferred method of reply to request

*Unless otherwise requested, a written reply will be sent to your email address. In the case that you don't have an email address, a written reply will be sent to your postal address.

5. The requesting party's relation to a deceased person in question and the need for the request in case of submitting a Request for Disclosure, etc., of personal data pertaining to the said deceased person (Complete this form only when requesting disclosure, etc., of personal data pertaining to a deceased person in question.)

※Please submit a copy of a document identifying the relationship between the requesting party and the deceased person in question [□ Copy of transcript of family register □ Copy of extract of family register □ Other ()].

Please note that OMRON may request the submission of a document, etc., justifying the necessity of requesting disclosure, etc., of personal data pertaining to the deceased person in question.