## Request for Suspension of Utilization, 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 35-1, 35-3 or 35-5 of the Act on the Protection of Personal Information, I would like to request that the utilization of personal data identifying myself retained by your company be suspended, etc., 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					5	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					5	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 licer	se □ Copy of passport □ Copy of health insurance				
card					
□ Copy of alien registra	ation card   □ Other				
(	)				
☐ Copy of residence ca	ard ※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 ma	de 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 (	)				
· When a request is ma	de 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 guard	dianship				
□ Other (	)				
· When a request is ma	de by an agent with power of attorney (Both of the following				
documents)					
□ Copy of power of a	attorney (affixed with a registered seal)				
□ Copy of seal registration certificate for the seal affixed on power of attorney					
(Seal of the person in question)					
<ul> <li>When a request is made by an attorney, judicial scrivener, administrative scrivener,</li> </ul>					
or other person in business qualified to serve as an agent after receiving power of					
attorney					
□ Documents verifying the agent's qualification (Registration number, seal					
registration certificate for an official seal)					
Details of your request					
Classification of	*Check the applicable box.				

## 3 I

Classification of	*Check the applicable box.			
request	□ Suspension of use □ Deletion *			
	□ Suspension of provision to third parties			
	*"Deletion" above includes making the personal data we possess unable to			
	identify a specific individual, and in such a case, the said data will not necessarily be physically deleted. If you wish the data to be deleted, please use the request			
	form "Request for Correction, etc., of Stored Personal Data."			
Reason for request				

4	Preferred method of reply	to request		
	※Unless otherwise reques	sted, a written reply will be sent to your email address. In the		
	case that you don't have a	case that you don't have an email address, a written reply will be sent to your postal		
	address.			
5.	The requesting party's rela	ition 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.)				
PU	proonal data portaining to a	descreed person in queenerily		
	WDloogo gubmit a gony of	a decument identifying the relationship between the requesting		
	**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 dis-	closure, etc., of personal data pertaining to the deceased		

person in question.