

Jan.2025

Application form to request disclosure, correction, cessation of use, or to notify the purpose of use of personal information retained by Hotel Metropolitan Takasaki Co., Ltd.

Date of request: [/ /]

Requester: _____ (seal)

In accordance with the Act on the Protection of Personal Information (the "Act"), those who wish to request disclosure, correction, cessation of use, or notification of purpose of use of their personal information must complete the form below and send it by registered mail, enclosing the required identification documents and administrative fee, to the personal information inquiries office below. Please note that the personal information below will be used to confirm the contents of your application and to contact you (to notify you of the contents of your request).

Application to request disclosure, correction, cessation of use, or to notify the purpose of use of personal information retained	
Requester	*Please check one of the following: <input type="checkbox"/> Person Concerned <input type="checkbox"/> Person other than the Person Concerned
Purpose of request	*Please check the applicable: <input type="checkbox"/> Disclosure <input type="checkbox"/> Correction <input type="checkbox"/> Cessation of use <input type="checkbox"/> Notification of the purpose of use
Notification of the result of the request	*Please check one of the following: <input type="checkbox"/> Postal mail <input type="checkbox"/> E-mail
Remarks	

Personal information requested (personal information in question)		
Name in <i>katakana</i>		Birthdate
Name		(In A.D.)
Address		
Phone number	*We may call you during the daytime to confirm your identity.	
E-mail address	*Please enter your email address if you wish to receive the result of your request by e-mail.	
Identification documents	*Please enclose a copy of one of the following: <input type="checkbox"/> Driver's license <input type="checkbox"/> Certified copy of abridged family register (address, name, and other necessary information only) <input type="checkbox"/> Copy of residence certificate (address, name, and other necessary information only) <input type="checkbox"/> Insurance identification certificate for various types of health insurance <input type="checkbox"/> Insurance identification certificate of long-term care insurance <input type="checkbox"/> Pension book <input type="checkbox"/> Pension certificate <input type="checkbox"/> Passport	

Information of requester (Please complete the following even if the requester is not the Person Concerned)
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Name in <i>katakana</i>		Birthdate
Name		(In A.D.)
Address		
Phone number		
E-mail address	*We may call you during the daytime to confirm your identity.	
Identification documents	*Please enter your email address if you wish to receive the result of your request by e-mail. *Please enclose a copy of one of the following: <input type="checkbox"/> Driver's license <input type="checkbox"/> Certified copy of abridged family register (address, name, and other necessary information only) <input type="checkbox"/> Copy of residence certificate (address, name, and other necessary information only) <input type="checkbox"/> Insurance identification certificate for various types of health insurance <input type="checkbox"/> Insurance identification certificate of long-term care insurance <input type="checkbox"/> Pension book <input type="checkbox"/> Pension certificate <input type="checkbox"/> Passport	

Content of request for disclosure	
Requested item	*Please check the applicable: <input type="checkbox"/> Reservation history <input type="checkbox"/> Registered personal information
Content of request	Please enter the content of the request for disclosure (e.g., address)
Remarks	

Content of request for correction			
Requested item	*Please check the applicable: <input type="checkbox"/> Reservation history <input type="checkbox"/> Registered personal information		
Content of request	Item to be corrected	*Please check the item to be corrected, and specify the content to be corrected (or deleted).	
		Incorrect (current status)	Correct
	<input type="checkbox"/> Correction		
	<input type="checkbox"/> Addition		
	<input type="checkbox"/> Deletion		
Remarks			

Content of request for cessation of use	
Requested item	*Please check the applicable: <input type="checkbox"/> Sending of direct mail <input type="checkbox"/> Cessation of use of registered personal information (deletion)
Content of request	*Please specify the item you wish us to cease use of, and the reason for cessation if possible.

Remarks	

Content of notification of the purpose of use	
Content of request	<p>Please specify the item or content for which you wish to be notified of the purpose of use.</p> <p>*"Notification of the purpose of use" notifies you of how the registered personal information item is specifically used.</p>
Remarks	

Please submit your request for personal information in accordance with the following:	
Required documents	<p>If to be made by the Person Concerned:</p> <p><input type="checkbox"/> This form</p> <p><input type="checkbox"/> Identification documents (Please enclose a copy of one of the above documents.)</p> <p>If to be made by a person other than the Person Concerned:</p> <p><input type="checkbox"/> Proxy</p> <p><input type="checkbox"/> Registration certificate of the seal affixed on the proxy (issued within three months from the issuance date of the proxy)</p> <p><input type="checkbox"/> (Guardian only) A copy of the official gazette (<i>kanpo</i>) or a written determination of the family court</p>
Administrative fee	An administrative fee of 600 yen will be charged for each notification of the purpose of use or disclosure of personal information. Please enclose a postal money order for the amount of the fee with the application documents.
Mailing address	<p>[Personal information inquiries office]</p> <p>Personal Information Inquiries Office, Hotel Metropolitan Takasaki Co., Ltd. Address: 222 Yashima-cho Takasaki, Gunma 370-0849</p>

*Method for notifying the results of the request

A notification will be sent to the applicant (name and address or e-mail address of the requestor as stated in this application form) by mail or e-mail. In the event that the cessation of use, disclosure, or other requested action will not be made, the reason for its refusal will be included in the notice. Please note that it may take a few days for the notification to be made.