

Request Form for Personal Data Disclosure, etc.

Year_____ Month_____ Date_____

To: Personal Information Protection Officer
Kyowa Kirin Co., Ltd.

I hereby make a request for a disclosure, etc. of personal data processed by your company in accordance with the General Data Protection Regulation.

Details of Data Subject (When the request is being made by him/herself)	Address
	Name
	Attached identity verification documents: <input type="checkbox"/> Copy of Passport (necessary); OR <input type="checkbox"/> Identity card issued by the country (necessary) ; (when you do not have neither a passport).
Details of Agent (When the request is being made on behalf of the Data Subject)	Address
	Name
	Attached identity verification documents: <input type="checkbox"/> Identity card issued by the country of the Data Subject (necessary); AND <input type="checkbox"/> Power of attorney (necessary) <input type="checkbox"/> Copy of Passport of the Agent (necessary) ;OR <input type="checkbox"/> Identity card issued by the country (necessary) ; (when the Agent does not have a passport).
Information of the Data Subject	<input type="checkbox"/> Doctor <input type="checkbox"/> Pharmacist <input type="checkbox"/> Medical staff () <input type="checkbox"/> Pharmaceutical wholesaler () <input type="checkbox"/> Business partner of your company () <input type="checkbox"/> Former employee of your company from (YY/MM) to (YY/MM) <input type="checkbox"/> Others ()

Details of personal data to identify	Describe as specifically as possible. Example: I would like to know about my personal data that I answered a questionnaire for XXX. Example: I would like to know the purpose of processing of my personal data when I answered a questionnaire for XXX. <hr/> <hr/> <hr/>	
Request for	<input type="checkbox"/> 1. Disclosure <input type="checkbox"/> 2. Rectification <input type="checkbox"/> 3. Erasure <input type="checkbox"/> 4. Restriction <input type="checkbox"/> 5. Data Portability <input type="checkbox"/> 6. Objection <input type="checkbox"/> 7. Not to be subject to a decision-making based solely on automated processing <input type="checkbox"/> 8. Withdrawal of consent	
Reason for request (Describe when the request is for Erasure or Restriction)	Type of request	Reason
	Erasure	<input type="checkbox"/> Personal data is unnecessary in relation to the purpose of processing <input type="checkbox"/> Withdrew consent before and no other legal basis for the processing <input type="checkbox"/> Based on the right to object <input type="checkbox"/> Personal data was processed unlawfully <input type="checkbox"/> To comply with laws and regulations <input type="checkbox"/> Personal data was collected for the online services <input type="checkbox"/> Other reason (describe below):
	Restriction	<input type="checkbox"/> Accuracy of the personal data is unclear <input type="checkbox"/> Personal data was processed unlawfully <input type="checkbox"/> To exercise or to defense of legal claims <input type="checkbox"/> Based on the right to object <input type="checkbox"/> Other reason (describe below):
Details of request (Describe when the request is for Disclosure, Rectification, Erasure, or Not to be subject to a decision-making based solely on automated processing)	Disclosure of (check the box below you request for the disclosure): <input type="checkbox"/> Content of personal data <input type="checkbox"/> Purpose of processing <input type="checkbox"/> Third parties that personal data have been or will be disclosed <input type="checkbox"/> Period for which personal data will be stored <input type="checkbox"/> Source of personal data <input type="checkbox"/> Existence of automated decision-making including profiling	
	<When requesting for Rectification>	
	1. Incorrect: 2. Correct:	
	<When requesting for Erasure> Items/Contents to erase:	
<When requesting for Data Portability> Data format that you wish to be provided:		