Form requesting disclosure <For Residents in China>

Request Date: / /

Please fill out the Form below and return to the Personal Data Information Desk with all documents required for confirmation of identification. (Postage stamps required.) Please fill out all items below.

Personal Data Information Desk for modification request

OCS America Inc.

22912 Lockness Avenue, Torrance, CA 90501

Attn: HR Department

Please be careful not to forget to fill in the required items in the bold frame.

Information for Identifying Person to Whom Disclosure Pertains (We may not be able to accept disclosure if all columns have not been completed.)				
Last Name		Birth Date	Day Month Year	
First Name		Dirtin Date	/ /	
Address			Zip Code	
Telephone		*As we may number.	call for identification, please fill in daytime phone	
Documents to confirm identification of the principal	is required as one of the documents. Examples 1. Passport 2. Health insura symbols / numbers of insured individual book 5. Physical disability certificate	nce card (maskir s) 3. Basic resi 6. Resident card	v should be attached with this form. Photo ID ng insurance card numbers and identification dent registration card with photo 4. Pension or Special permanent resident certificate 7. (front page only) 9. identification card issued	

Information on Person Requesting for Disclosure (Please fill this out only if the request is being made through a representative.)				
Last Name		Birth Date	Day Month Year	
First Name		Dirtin Date	/ /	
Address			Zip Code	
Telephone		*As we may number.	call for identification, please fill in daytime phone	

Documents required					
Relationship to the individual	Document to verify relationship to the individual	Documents to confirm Identification of representative			
1.A person with parental authority	Person's family register	*Please note that copies of two documents from the below should be attached with this form. Photo ID is required as one of the documents. Examples 1. Passport 2. Health insurance card			
2.Guardian of an adult	Guardian certificate				
3.Representative ()	Letter of trust (Legal representatives shall provide certifying document)	(masking insurance card numbers and identification symbols / numbers of insured individuals) 3. Basic resident registration card with photo 4. Pension book 5. Physical disability certificate 6. Resident card or Special permanent resident certificate 7. Certificate of seal registration 8. Individual Number Card (front page only) 9. identification card issued by the Chinese government			

Types of request to be handled

Circle the number for the type of requests to be handled and fill out details.

Types of Request
1. Disclosure
2. Change
3. Deletion
4. Addition
5. Discontinuance of Usage
6. Erasure
7. Notice of Purpose of Use
8. Withdrawal of Consent
9. Request for Receiving
10. Request for Handover
11. Objection

Handling of this request form

The personal data obtained in this form is only taken for this request. We will dispose of this form and other related documents one month after our reply by an appropriate method.

Denials for requests will be notified.

- ·Required item is missing.
- ·Confirmation if not available.
- ·Requested item was not eligible for modification of personal data.
- ·Request has serious impact to OCS's business operation.
- ·Request offends other laws.
- ·Life, health, property and other rights of the individual or third parties are affected.

For official use by OCS

Acceptance date and time			Management representative validation		
Received on : Year	Month	Date	Time	:	