Form for various requests < for EEA/UK residesnts>

Reau	uest	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.

Note: Use of this form is not mandatory, but please clarify the matters listed in this form when making a request, and send to the Personal Data Information Desk shown above.

Information for Identifying Person to Whom Modification etc. Pertains (We may not be able to accept disclosure if all columns have not been completed.)				
Last Name		Pirth Data	Day Month Year	
First Name		Birth Date	1 /	
Address	Zip Code			
Telephone		*As we may number.	call for identification, please fill in daytime phone	
Documents to confirm identification of the principal	Note: In order to confirm identification, please enclose one of the documents listed below with this form. Please be aware that there may be cases in which the presentation of additional documents may be necessary in order for our company to complete confirmation. 1. Driver's license 2. Passport 3. Health insurance card (masking insurance card numbers and identification symbols / numbers of insured individuals) 4. Basic resident registration card with photo 5. Pension book 6. Resident card or Special permanent resident certificate 7. Certificate of seal registration 8. Individual Number Card (front page only)			

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

Documents required			
Relationship to the individual	Document to verify relationship to the individual		
1.A person with parental authority	Person's family register		
2.Guardian of an adult	Guardian certificate		
2 Penrecentative	Letter of trust		
3.Representative	(Legal representatives shall provide certifying		
,	document)		

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. Correction or updating
3. Erasure
4. Restriction of information usage
5. Transferring
6. Objection
7. Withdrawal of consent

Handling of this request form

We will handle the documents we are presented with only to the extent that is necessary, in accordance with our privacy policy.

Please refer to the following link for our privacy policy.

https://www.ocsworld.com/Privacy.aspx

Denials for disclosure and the reasons will be notified.

Please be informed that, in some cases, we may not be able to disclose the information requested because it does not exist or because the request cannot be met due to laws and regulations. Should such case occur, we will notify you of the denial of disclosure and the reasons.

■For official use by OCS

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