Customers who wish to request to rectify or cease the use of personal information are requested to fill in the format below and enclose documents to verify the Customer`s identity and send by post such request to Daikin MR Engineering (DMRE)`s person in charge or to our Contact on Personal Information as described below.

Daikin MR Engineering Co., Ltd. Contact on Personal Information
Shin-osaka Central-tower 11F, 5-5-15, Nishinakajima, Yodogawa-ku, Osaka, 532-0011 Japan.

## 1. Request

| Content of request | $\square$ Correction, Addition or Removal $\square$ Cease of Use or Deletion |  |
| :--- | :--- | :--- |
| Items for <br> rectification, <br> addition, or deletion | Before rectification | After Rectification/Addition |
|  |  |  |
| Reasons to cease the <br> use or erase the data |  |  |

2. Information Necessary to Specify the Personal Information Held by DMRE

\begin{tabular}{|l|l|}
\hline \& <br>
\hline Name \& Home/Office (Company name / department: <br>
\hline Address \& (please fill in a phone number where you can be reached during working hours) <br>
\hline Phone \& <br>

\hline \begin{tabular}{l}
Circumstances <br>
when DMRE <br>
collected the <br>
Customer`s <br>
Personal <br>
information

 \& 

(please fill in as detailed as possible the product/service name how DMRE collected your <br>
personal information)
\end{tabular} <br>

\hline
\end{tabular}

## 3. Verifying the Identity of Customer

|  | Please fill in |  |  |
| :--- | :--- | :--- | :---: |
| 1. Driver's License <br> (Please choose one and enclose a copy of it) | 2. Passport | 3. |  |

4. Information on the Representative

|  |  |
| :--- | :--- |
| Name | Home/Office (Company name / department: |
| Address | Please fill in <br> Phone <br> (please fill in a phone number where you can be reached during working hours) |
| Valid <br> Identification1. Driving License 2. Passport <br> 4. Pension Handbook <br> (Please choose one and enclose a copy of it) |  |

*DMRE will use the personal information obtained by this document only for the procedure of this disclosure request.
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