

Requesting disclosure of personal information subject to disclosure

Please follow the procedure below to request disclosure (including disclosure, correction, addition or deletion, suspension of use, destruction, or suspension of provision to third parties) of personal information in our care.

1. Request method

Requests must be made by post. Enter your name, address, postal code, telephone number, and email address on the **Request form for disclosure of personal information**. Record the details of your request (disclosure, correction, addition or deletion, suspension of use, destruction, or suspension of provision to third parties) in the designated fields on the same form.

We will not be able to accept your request if there are any omissions or mistakes, so please fill in all the required fields.

You can also download the **Request form for disclosure of personal information** from our website (<http://www.sedesign.co.jp/>).

2. Proof of identity

As we need to verify your identity to accept your request for disclosure, you must include documents that prove your identity. Please note that we will not be able to accept your request if these documents are not enclosed.

Additionally, please be aware that we will not be liable for any disclosure of your personal information to any third party due to impersonation or other reasons that prevent us from correctly identifying a person.

■ Identity documents required --- (A)

A copy of your driver's license or health insurance card

■ **Minors and legal representatives**

If you are requesting disclosure as the parent or guardian of a minor or as the legal representative of an adult ward, please submit the documents stated in (B) and (C) in addition to those stated in (A).

(B) Documents proving your authority as a legal representative

A copy of your family register, or,
if you are a parent or guardian, a copy of your health insurance card stating your dependents

(C) Documents proving your identity as the legal representative

A copy of your driver's license or health insurance card

■ **Authorized representatives**

If you are requesting disclosure as an authorized representative of another person, please submit the documents stated in (D) and (E) in addition to those stated in (A).

(D) A copy of the power of attorney

(E) Documents proving your identity as the authorized representative

A copy of your driver's license or health insurance card

■ **Non-Japanese nationals**

If you are a foreign national requesting disclosure, please submit the documents stated in (F) and (G).

(F) A copy of your Alien Registration Card

(G) A copy of your passport

3. Mailing address

Once all documents are in order, send them to the address below. Please write “*Request for disclosure enclosed*” in red ink on the envelope. Postage fees are the responsibility of the requester. Please note that we cannot accept requests via telephone calls or direct visits.

Mailing address

SE Funamachi Building, 5 Funamachi, Shinjuku-ku,
Tokyo 160-0006
SE Design Personal Information Help Desk

4. Verification of identities and requests

If all the required documents are complete, we will accept your application and check the documents against the data we keep. If we cannot verify the information that you provide, we will notify you of the result. If we successfully verify your identity, we will guide you to the payment of the disclosure fee. In either case, you will be notified by mail.

The personal information we acquired in connection with your request for disclosure shall be used only to the extent necessary to respond to the request.

5. Information disclosed

We may disclose the following items of personal information from that which we retain. Of these, only applicable items will be disclosed.

Name, company name, department, job title, postal code, address, telephone number, fax number, email address, gender

We may refuse to disclose personal information in the cases specified below.

- (1) When we are unable to verify your identity, including when the address stated in your request differs from the address stated in your proof of identity documents
- (2) When we are unable to confirm your authority when you are making a request on behalf of someone else
- (3) When the subject of the request for disclosure does not correspond to the personal data which we retain
- (4) When there is a risk of harm to your life, body, property, or other rights and interests, or those of any third party
- (5) When disclosing the information could significantly impede the proper conduct of our business
- (6) When disclosing the information would violate other laws and regulations

6. Payment of fees

We will send you the **Disclosure fee and payment information form** by post. Please refer to this form to make your payment. The fee for disclosure of personal information or notification of the purposes for which we use personal information is 300 yen for each corporate document in which personal information is recorded. All payment transaction fees are the responsibility of the requester.

7. Disclosure of information

We will mail the disclosure information to you after confirming your payment of the disclosure fee. Information will be sent to the address of the requester.

8. Contact information

To inquire about information disclosure, please contact us through the following channels.

SE Design Personal Information Help Desk

SE Funamachi Building, 5 Funamachi, Shinjuku-ku, Tokyo 160-0006

Telephone: 03-5362-3710 Fax: 03-5362-3711 Email address: privacy3@sedesign.co.jp

14 May 2008

SE Design Personal Information Manager