Application Form for Disclosing Personal Information

Date:

To Chugai Pharmaceuticals Co., Ltd

I am sending the request below based on Article 24 of the Act on the Protection of Personal Information.

<table>
<tr><td rowspan="2">Individual</td><td colspan="3">Address〒　　－</td></tr>
<tr><td colspan="2">Name</td><td>Phone No.
（　　）　－</td></tr>
<tr><td rowspan="2">Proxy
(*Please fill out if the application is being made by a proxy on your behalf.)</td><td colspan="3">Address〒　　－</td></tr>
<tr><td colspan="2">Name</td><td>Phone No.
（　　）　－</td></tr>
<tr><td>Type of Personal Information</td><td colspan="3">□Shareholders of the Company　□Medical-Related Persons　□Business Partners
□Investors and media　□Suppliers
□Employees　□Recruitment Candidates　□Other</td></tr>
<tr><td>Items for Application</td><td colspan="3">①Notification of Purposes　②Disclosure　③Correction　④Addition　⑤Deletion
⑥Suspension of Using　⑦Elimination　⑧Suspension of provision to third parties</td></tr>
<tr><td rowspan="3">Reason for Application
(*No necessary if request is ① or ② above)</td><td>③④⑤</td><td colspan="2">□Not true
□Others（　　）</td></tr>
<tr><td>⑥⑦</td><td colspan="2">□Acquired in an illegal manner
□Use beyond the scope of the purposes
□Other（　　）</td></tr>
<tr><td>⑧</td><td colspan="2">□Provision to third parties without consent
□Other（　　）</td></tr>
<tr><td rowspan="3">Details of your Application

(*Please fill out if request is for ③, ④ or ⑤ above)</td><td colspan="3">【③Correction】
（1） Items of Personal Data to be corrected

（2） More details　（　　）
（　　）</td></tr>
<tr><td colspan="3">【④Addition】
（1） Items of Personal Data to be added
（　　）
（2） More details（　　）</td></tr>
<tr><td colspan="3">【⑤Deletion】
（1） Items of Personal Data to be deleted
（　　）</td></tr>
</table>

*Notice: Application requires documents for identification, such as a copy of a driver's license, a passport or an original resident certificate.