

Application Form for Disclosing Personal Information

Date:

To Chugai Pharmaceutical Co., Ltd

I am sending the request below based on Article 33 of the Act on Protection of Personal Information.

Individual	Address 〒 —	
	Name	Phone No. () —
Proxy (*Please fill out if the application is being made by a proxy on your behalf.)	Address 〒 —	
	Name	Phone No. () —
Type of Personal Information	<input type="checkbox"/> Shareholders of the Company <input type="checkbox"/> Medical-Related Persons <input type="checkbox"/> Business Partners <input type="checkbox"/> Investors and media <input type="checkbox"/> Suppliers <input type="checkbox"/> Employees <input type="checkbox"/> Recruitment Candidates <input type="checkbox"/> Other	
Items for Application	1) Notification of Purposes 2) Disclosure 3) Correction 4) Addition 5) Deletion 6) Suspension of Using 7) Elimination 8) Suspension of provision to third parties	
Reason for Application (*No necessary if request is 1) or 2) above)	3), 4), 5)	<input type="checkbox"/> Not true <input type="checkbox"/> Others ()
	6), 7), 8)	<input type="checkbox"/> Acquired in an illegal manner <input type="checkbox"/> Use beyond the scope of the purposes <input type="checkbox"/> No longer need to use <input type="checkbox"/> Occurrence of serious leakage <input type="checkbox"/> Possibility of harming an individual's rights and interests <input type="checkbox"/> Provision to third parties without consent (in case of 8)) <input type="checkbox"/> Others ()
Details your Application (*Please fill out if request is for 3), 4) or 5) above)	【 3) Correction 】 (1) Items of Personal Data to be corrected () (2) More details ()	
	【 4) Addition 】 (1) Items of Personal Data to be added () (2) More details ()	
	【 5) Deletion 】 (1) Items of Personal Data to be deleted ()	
Reply Method	<input type="checkbox"/> in writing <input type="checkbox"/> provision of electromagnetic records (please write your email address:)	

*Notice: Application requires documents for identification, such as copy of a driver's license, a passport or an original resident certificate etc. If you wish to receive a written reply, please enclose postal stamps equivalent to ¥839 (¥84 for First-Class Mail (Daiisshu-Yubin), ¥435 for registered mail and ¥320 for a delivery certificate).

* In case of disclosure of records of the transfer of personal data to third parties, please select "2) Disclosure" in the "Items for Application."