(Air Japan) Disclosure Request Form

Request Date: /	/
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1. Method for Receiving Response to Disclosure Request

Please choose from the following two methods of receipt. This form cannot be accepted at the Air Japan counter or on the plane.

(a) Mail

Please send the request form by mail to Air Japan Personal Data Information Desk together with documents for submission, etc.*. (Postage stamps required)

*See "2. Request Form and Documents for Submission etc."

Personal Data Information Desk for Disclosure, etc.

Attention: Personal Information Handling Desk Air Japan Co., Ltd.

Address: ANA Sky Center 3B Narita International Airport, Narita, Chiba, Japan, 282-0005

(b) Electronic file format

Please print and fill out this request form and send the electronic file of the request form and submitted documents* to the following e-mail address.

cs@ajx.ana-g.com

The file formats that can be attached are ".pdf," ".jpg," ".jpeg," ".gif" and ".png." (File formats of images taken with smartphones fall under these categories.)

*See "2. Request Form and Documents for Submission, etc."

If you wish to request disclosure by a method other than mail or electronic file format, please indicate your preferred method of disclosure on a separate sheet, and make a request by sending it by mail or an electronic file attached to an e-mail to the e-mail address listed in (b) above.

Please note, however, that there may be cases in which it is not possible to disclose information by the specified method.

2. Request Form and Documents for Submission, etc.

- (a) If a request is made by the individual: Please refer to Exhibits 1 1 and 1 2.
- (b) If a request is made by the representative: Please refer to Exhibits 2 1 and 2 2.

For general inquiries such as reviewing your reservation and/or boarding information, you can obtain more details free of charge on our website at www.flyairjapan.com.

(Exhibit 1-1)

*Please print out the cover page and (Exhibits 1 1 and 1 2), fill in Sections A and B, and attach them together with the documents for submission listed in Section C to make a request.

A. Information for lo (Please fill out a personal informa	ll items enclos	ed within the	bold li	nes as there i	is a possik	oility that ano	ther person's
Last Name					Day	Month	Year
First Name				Birth Date	/	/	
Address						Zip Code	
Telphone	_	_				ntity verification, e phone number.	
verify your inforn	e to fill in all ne oarding inform sclosure of your nation. If you recovide your rese	cessary infor ation (board reservation a quest disclos ervation/boar	ing cer and boa ure of y	tificate) rding informat our reservation formation on a	ion, please n/boarding a separate	e fill in the info g information f sheet and su	equest. ormation below to or more than two bmit the request
(1) (a) Reservation	name of passe	nger:					
(b) Flight Numl		(c) Date:	/	/ (d) S	ector:	~	
(2) (a) Reservation (b) Flight Numl	name of passe	enger: (c) Date:	/	/(d) S	Sector	~	
□ Others (In the cas please describe th		third party p	orovisio	on and disclos	sure reque	sts other tha	n the above,

C. Documents to Verify Identity

*Please note that copies of two documents from the below should be enclosed with this form. Photo ID is required as one of the documents.

Examples 1. Driver's license 2. Passport 3. Health insurance card (masking insurance card numbers and identification symbols / numbers of insured individuals, etc.) 4. Basic resident registration card with face photo

5. Pension book 6. Physical disability certificate 7. Resident card or Special permanent resident certificate 8.

Certificate of seal registration 9. Individual Number Card (front side only)

Handling of Air Japan disclosure request form

Documents obtained in connection with requests for disclosure will be handled only to the extent necessary to respond to requests for disclosure, etc., in accordance with the Air Japan Privacy Policy. The Air Japan Privacy Policy can be found at the following link:

https://www.flyairjapan.com/policy/privacy

If we decide not to disclose the requested information, we will notify you to that effect and the reason for the nondisclosure

- ·Required item is missing.
- ·Verification is not possible.
- ·Item requested to be disclosed does not correspond to the retained data.
- Disclosure may have a serious impact on the proper performance of our business operations.
- ·Disclosure violates other laws.
- ·Life, health, property or other rights and interests of the individual or third parties may be harmed.

■ For official use by Air Japan

Accontance	Received:	Management
Acceptance date and time	Year Month Date Time : .	representative validation

(Exhibit 2-1)

*Please print out the cover page and (Exhibits 2 1 and 2 2), fill in Sections A, B and C, and attach them together with the documents for submission listed in Sections D and E to make a request.

	lentifying Person to Whom Dis Il items enclosed within the bo ation may		s a possi	bility that ano	ther person's
Last Name			Day	Month	Year
First Name		Birth Date	,	/	
			/	Zip Code	
Address				'	
Telphone		*As we ma	y call for id	entity verification,	
Тегрионе		please fill	in the daytir	me phone number.	
	erson Requesting Disclosure out only if the request is being	made through a r			
Last Name			Day	Month	Year
First Name		Birth Date	/	/	
Address				Zip Code	
Telphone		*As we ma	y call for id	entity verification,	
	L	please fill	in the daytir	me phone number.	
Reservation and If you request dis verify your inform flights, please properties form with it. Please (1) (a) Reservation	e to fill in all necessary information (boarding information (boarding sclosure of your reservation and mation. If you request disclosure rovide your reservation/boarding ase note that we may contact you name of passenger:	ng certificate) boarding informat of your reservation g information on a	ion, pleas n/boardin a separate ne reques	ee fill in the info g information f e sheet and su	ormation below for more than tw
(b) Flight Num	ber: NQ (c) Date: /	/ (d) S	ector:	~	
(2) (a) Reservation	n name of passenger:				
(b) Flight Num		/ (d) S	Sector	~	
Others (In the cas	se of records on third party pro e details.)	ovision and disclo	sure requ	uests other tha	an the above,

D. Documents to Verify Identity

*Please note that copies of two documents from the below should be enclosed with this form. Photo ID is required as one of the documents.

Examples 1. Driver's license 2. Passport 3. Health insurance card (masking insurance card numbers and identification symbols / numbers of insured individuals, etc.) 4. Basic resident registration card with face photo

5. Pension book 6. Physical disability certificate 7. Resident card or Special permanent resident certificate 8.

Certificate of seal registration 9. Individual Number Card (front side only)

E. Documents to Verify Identity of Person Requesting Disclosure (in the case of a representative)

*D. Please submit them together with the documents to verify the identity of the individual.

Relationship to the	Relationship to the	Relationship to the
1.A person with parental	Person's family register	*Please note that copies of two documents from the below
	r craon a ranniy register	should be enclosed with this form. Photo ID is required as
authority		one of the documents. Examples 1. Driver's license 2.
Guardian of an adult	Guardian certificate	Passport 3. Health insurance card (masking insurance card
		numbers and identification symbols / numbers of insured
3.Representative	Power of attorney that identifies you as a	individuals, etc.) 4. Basic resident registration card with
(face photo 5. Pension book 6. Physical disability certificate
	representative	7. Resident card or Special permanent resident certificate
		8. Certificate of seal registration 9. Individual Number Card
		(front side only

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- ·Life, health, property or other rights and interests of the individual or third parties may be harmed.

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Acceptance	Received:	Management
date and time	YearMonthDateTime:	representative validation