

【Air Japan】 Form for Various Requests

Request Date: / /

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 modification request.

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 Identifying Person to Whom Disclosure Pertains

(Please fill out all items enclosed within the bold lines as there is a possibility that another person's personal information may

Last Name		Birth Date	Day	Month	Year
First Name			/	/	
Address	Zip Code				
Telephone	-	-	*As we may call for identity verification, please fill in the daytime phone number.		

B. Type of Request

Circle the number(s) for the type of request and fill in the details.

Type of Request	Details
1. Correction of Information	
2. Deletion of Information	
3. Addition of Information	
4. Discontinuance of Use of Information	
5. Erasure of Information	
6. Notice of Purpose of Use	
7. Withdrawal of Consent	
8. Request for Receiving Information	
9. Request for Handover of Information	
10. Objection	
11. Request for Provision of Information on Personal Information Protection Measures	

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)

* Due to the discontinuance of use or deletion of information, we may not be able to provide services that meet your needs. Please be aware of this before making a request.

(Exhibit 1-2)

Handling of this request form

Documents we obtained will be handled only to the necessary extent 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 cannot respond to your request, we will notify you to that effect and the reason.

- Required item is missing.
- Verification is not possible.
- Requested item does not correspond to the retained personal 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.

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Acceptance date and time	Received: Year _____ Month _____ Date _____ Time ____:____.	Management representative validation	
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(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.

A. Information for Identifying Person to Whom Disclosure Pertains					
(Please fill out all items enclosed within the bold lines as there is a possibility that another person's personal information may					
Last Name		Birth Date	Day	Month	Year
First Name			/	/	
Address	Zip Code				
Telephone	-	-	*As we may call for identity verification, please fill in the daytime phone number.		

B. Information on Person Requesting Disclosure					
(Please fill this out only if the request is being made through a representative					
Last Name		Birth Date	Day	Month	Year
First Name			/	/	
Address	Zip Code				
Telephone	-	-	*As we may call for identity verification, please fill in the daytime phone number.		

C. Type of Request

☞ Circle the number(s) for the type of request and fill in the details.

Type of Request	Details
1. Correction of Information	
2. Deletion of Information	
3. Addition of Information	
4. Discontinuance of Use of Information	
5. Erasure of Information	
6. Notice of Purpose of Use	
7. Withdrawal of Consent	
8. Request for Receiving Information	
9. Request for Handover of Information	
10. Objection	
11. Request for Provision of Information on Personal Information Protection Measures	

*Due to the discontinuance of use or deletion of information, we may not be able to provide services that meet your needs. Please be aware of this before making a request.

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 authority	Person's family register	*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)
Guardian of an adult	Guardian certificate	
3.Representative ()	Power of attorney that identifies you as a representative	

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

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