

## **Attachment 2**

### **Procedures for Disclosure, etc. of Personal Information**

With regard to personal data retained by our company, please find the following procedures for requesting disclosure, correction, addition, deletion, or suspension of use of the personal data (hereinafter referred to as "Requests for Disclosure, etc.").

#### **1. Contact for Requests for Disclosure, etc.**

Internal Control Division

Address: 2F ASTRE building, 1-9-6 Ebisu Nishi, Shibuya-ku, Tokyo 150-0021, Japan

TEL: 03-6416-4240 /Fax: 03-6416-4241

#### **2. Method for Requests for Disclosure, etc.**

Please submit the prescribed request in the attached application form in person or by mail/fax.

#### **3. Identity Verification:**

We will verify identity of the applicant. Please provide us with the following documents for verification. If the request application is submitted by mail or fax, please enclose a copy of the part of the documents containing name, address, and date of birth. If the documents contain sensitive information related to personal data protection guidelines in the financial field, please black out the relevant parts.

(1) If the applicant is the individual himself/herself:

Personal Number Card, Driver's License, Passport, or Health Insurance Card together with Resident Registration Certificate.

(2) If the applicant is the authorized representative:

- ① Verification documents for the individual himself/herself as mentioned in (1).
- ② Power of Attorney certifying the applicant as the authorized representative (with the individual's seal) and the authorized representative's seal registration certificate.
- ③ Verification documents for the authorized representative:  
Personal Number Card, Driver's License, Passport, or Health Insurance Card together with Resident Registration Certificate.

#### **4. Fees for Requests for Disclosure, etc.**

There are no fees for the Requests for Disclosure, etc. However, the applicant will be responsible for any communication costs necessary for the request.

**5. Response to Requests for Disclosure, etc.**

Upon the Request for Disclosure, etc., we will respond by mail, email attachment, or allowing you to view the information at our office. Please select your preferred way. In this case, please note the following:

- ① Depending on the information subject to disclosure, the response may be provided at a later date.
- ② In the case of viewing the information at our office, we will specify the date and time in advance.
- ③ If the applicant is the authorized representative, we may directly respond to the individual himself/herself if necessary.

## Request for Disclosure, etc., of Personal Information

Date:

To : Regalo Capital Co., Ltd.

Name of Individual	
Residential Address and Phone Number (Mailing Address)	
Name of Authorized Representative	
Residential Address and Phone Number (Mailing Address)	

Based on your company's "Privacy Policy 3. Request for Disclosure, etc."

I hereby request the following

Type of Request	<input type="checkbox"/> Disclosure <input type="checkbox"/> Correction, etc. <input type="checkbox"/> Deletion <input type="checkbox"/> Suspension of Third-Party Provision
Name and Record Items of Personal Information Regarding Myself (Please provide specific information necessary to identify personal information regarding yourself):	
In the case of correction, please specify the items to be corrected, added, or deleted	
Reason for the Request	
※ 本人確認	<input type="checkbox"/> 個人番号カード <input type="checkbox"/> 運転免許証 <input type="checkbox"/> パスポート <input type="checkbox"/> 健康保険証 <input type="checkbox"/> 住民票
※ 代理人確認	<input type="checkbox"/> 個人番号カード <input type="checkbox"/> 運転免許証 <input type="checkbox"/> パスポート <input type="checkbox"/> 健康保険証 <input type="checkbox"/> 住民票
※ 処理事項	

※Company use only. Please do not fill in the section.