(Date)

To: Accordia Golf Co., Ltd.

Applicant's name

Seal

(The applicant or its agent)

I hereby make an application as follows, enclosing the necessary document (s) and prescribed charge (s).

* Please fill in the columns for the applicant and the person whose information is to be disclosed in the handwriting of the applicant

himself/herself or the statutory agent if the statutory agent is making the application. (Please check the appropriate box)

If the application	ant is an	Address of agent: (Postal code	_) TEL –	_		
agent:							
□ Discretionary agent							
□ Statutory age	ent						
Name of the				Date of birth	Gender		
person							
whose					Male/ Female		
information							
is to be							
disclosed	6.4		1 (7)	1			
	s of the pers	son whose information is to be discl	osed: (Zip	code –)			
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applicant					- ^		
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		ntity of the person whose information is			A and B below:		
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Application Form for Correction of Personal Data and Discontinuation of Use

(Date)

To: Accordia Golf Co., Ltd.

Applicant's name

Seal

(The applicant or its agent)

I hereby make an application as follows.

X Please fill in the columns for the applicant and the person whose information is to be disclosed in the handwriting of the applicant

himself/herself or the statutory agent if the statutory agent is making the application. (Please check the appropriate box)

Name of the person whose information is to be disclosed: (Zip code	Fill in if the a an agent	pplicant is	Address of applicant: (Postal co	de —) TEL –	_		
person whose information is to be disclosed Male/ Female Present address of the person whose information is to be disclosed: (Zip code) TEL) Male/ Female Present address of the person whose information is to be disclosed: (Zip code)) TEL	Name of the				Date of birth	Gender		
information is to be disclosed Image: Second S								
is to be disclosed						Male/ Female		
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Present address of the person whose information is to be disclosed: (Zip code) TEL								
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Application for Disclosure and Other of Personal Data (Power of Attorney)

(Date)

To: Accordia Golf Co., Ltd.

(In katakana characters)

Applicant's name

Registered seal

I hereby commission an application for disclosure and others of the personal information in possession of your company, to the following agent.

Please send your response to the application to the address of agent shown below.

	In katakana characters
Agent's	
name	
Agent's	(Postal code —)
address	
Agent's	
contacting phone	
number	
Relation	□ Agent designated by applicant
with	\Box Other ()
applicant	
Documents for	for confirming the personal identity of the agent. (Please check the boxes of the applicable documents.)
We will confi	irm the personal identity of the agent based on documents of A, B, and C.
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	e of residence \Box Certificate of matters indicated on alien registration
	icense Passport Health insurance certificate Other ()
	e of registration of the seal affixed on the Power of Attorney (Issued within the last three months)

(For internal use)		onfirmation on a	Seal of receipt	
Receipt No. /		Supervising	Handling	
*Store with Application for Disclosure of Personal Data, etc.		employee	employee	