

## Disclosure Request Form

Date: \_\_\_\_\_

Attention: Okumura Corporation

Mailing address:  
 Okumura Corporation  
 (Administrative Division, General  
 Affairs Department)  
 2-2-2 Matsuzaki-cho, Abeno-ku  
 Osaka City 545-8555

< Applicant >

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

< When requesting by proxy, also fill out the following boxes >

Applicant address/name	Address	Name
Relationship between Proxy and Applicant	<input type="checkbox"/> Legal representative <input type="checkbox"/> Delegated by Applicant	

**I submit the following request.**

Request category	<input type="checkbox"/> 1. Notification of use purpose <input type="checkbox"/> 2. Disclosure <input type="checkbox"/> 3. Contents revision, addition or deletion <input type="checkbox"/> 4. Use suspension or deletion <input type="checkbox"/> 5. Third-party supply suspension
Grounds for requests in “4” and “5” above. (If you are experiencing trouble or other inconvenience, please explain in writing)	<input type="checkbox"/> Grounds ( _____ ) _____ _____ <input type="checkbox"/> Attaching separate materials
Details of revisions, additions, deletions, use suspension.	<input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Other ( _____ ) (Details) * Enter contents to be revised, other changes.

(Notes)

1. In addition to ticking the appropriate “” boxes, also describe the specific details as required.
2. The personal information entered on this request form and any documents submitted to confirm Applicant identity will be used for no purposes other than the handling of this matter.