

To: _____

(Please state the name of service concerned)

Disclosure and Other Requests on EU Personal Data

With regard to the EU personal data held by your company, I request your response to my request as described in "2. Details of the request" section based on the rights of data subjects defined in Article 15 to 22 of the below mentioned regulation:

"Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)"
Prior to making this request, I as the person requesting information understood the contents of the Privacy Policy stated on company's website, the Processing Policy of EU Personal Data, and "5.Important Points for Disclosure and Other Requests" on this form of Disclosure and Other Requests on EU Personal Data .

Section 1: Details of the Data Subject

Name			
Address			
Phone number			
Email address			
Identity verification document (One of these stated in the right column)	<input type="checkbox"/> National ID card <input type="checkbox"/> Driver's license <input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other public certificate etc.	

The above details will be used for the following purposes;

- In case the request is made by the data subject him or herself, requested data will be disclosed to, or result of the request other than disclosure will be notified to the above.
- In case of correction request, the above will be used as "Corrected Information". In case of addition request, the above will be used as "Information to add".

Section 2: Details of the Request

Type of Requests (One of these stated in the right column)	<input type="checkbox"/> Disclosure <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Suspension of use <input type="checkbox"/> Suspension of provision to third party(ies) <input type="checkbox"/> Transfer (in terms of "Data Portability")
Name of the third-party(ies)	(In case of requesting suspension of provision to the third party(ies), enter the name of third party(ies) here)
Transferring Destination (in terms of "Data Portability")	(In case of requesting to transfer, enter the information of the transferring destination)
Reason for the request	(Enter as much details as possible)

Section 3: Details of the personal data to be requested (Please make sure to enter details in this section, even if the information is same to that of the above "1. Details of the person requesting information" section.)

Types and contents of personal data (Multiple selections are allowed) *Please make sure to specify the details	<input type="checkbox"/> Full Name (or Name) <input type="checkbox"/> Address <input type="checkbox"/> Phone number <input type="checkbox"/> E-mail address <input type="checkbox"/> Others []		
Time and means of registering personal data into subject service, and user ID etc.	Time	(Enter in month, year format)	ID etc.
	Means	<input type="checkbox"/> Web <input type="checkbox"/> Documents (mailing / fax)	<input type="checkbox"/> Phone <input type="checkbox"/> Others ()
Documents to prove (one or more types at own discretion) the current relationship with the data subject requesting information *Unnecessary here when requesting the same personal data as stated in "1. Details of the person requesting information" section			

Section 4: Details of representative (If the person requesting information appoints representative, please put a tick the appropriate box and describe the information of the representative.)

I hereby designate the following person as my representative and delegate all negotiations concerning this request and my counterpart for this request.

Name			
Address			
Phone number			
Email address			
Proof of Identity for representative A: Required in case of Lawyer B: One of these stated in the right column in case representative is not a lawyer	A	<input type="checkbox"/> (In case of lawyer) Proof of Identity such as CCBE card	
	B	<input type="checkbox"/> National ID card <input type="checkbox"/> Photo Driving License <input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other Proof of Identity

Please fill in the above details in the case of claim by the representative. (Description is unnecessary if the representative is not applicable.)

Requested data will be disclosed to, or result of the request other than disclosure will be notified to the above.

Section 5: Important Points for Disclosure and Other Requests.

Please specify the subject service to be requested accurately. If there is a mistake in specifying the subject service, even if we, GlobalMROnline, have personal data at our service other than those specified, please acknowledge it beforehand because we may answer that the applicable personal data does not exist by the circumstances of our survey within our company.

Regarding requesting for multiple services, please send one request form for each subject service. However, only one set of proof of identities is required for each person concerned.

When sending this request form for disclosure and other requests, , please make sure to enclose a photocopy of the Proof of Identity selected in 1, 3, 4, and send it to our designated address by recorded postal mail that allows us to check the delivery record of the third party involved.

In case of using delivery method other than the above, we will not be responsible for any accidents such as lost in the mails before arriving at our company by any chance.

For documents with expiration date, please send us a photocopy within the validity period at the time of the request, and for documents without expiration date, send us a photocopy made within one month time since the date of requesting.

If there are incompleteness in proof of identity, we may ask for re-submission.

Regarding the implementation of the measures concerning this request, in principle we will respond to you for free of charge. However, please acknowledge it beforehand that we may charge a non-excessive fee, taking into account the administrative expenses and other administrative expenses incurred in response depending on the content of the request.The fee shall be determined by our company according to individual request details, we shall notify the data subject or representative without delay.

When the content of the request is obviously unfounded or excessive, especially if it is due to the nature of repetitive, we may not be able to deal with it. In that case, we shall notify the requesting data subject or the representative without delay as to why we cannot respond and it is possible to appeal to supervisory authorities to request legal remedy.

Upon this request, the newly acquired personal data we received shall be handled only to the extent necessary for the implementation of the measures pertaining to this request and will not be returned. Documents, including photocopies, supplied will be kept for six months after the implementation of the measures pertaining to this request and, once the six months have passed, they will be disposed.

Date: _____

Signature of the Data Subject stated in Section 1 above: _____