

Request Form for correction, addition, Deletion, Cessation of use, Removal or Cessation of Provision of Personal Data to Third Parties

Please fill out the necessary information below, attach a document confirming that you are the principal or a agent, and send it to our c our Inquiry Counter below.

LIXIL Corporation Personal Information Inquiry Center
24F Osaki garden tower, 1-1-1, Nishi-shinagawa , Shinagawa-ku, Tokyo, 141-0033, Japan

- * Personal information obtained through this request procedure will be used to the extent necessary for correction procedures. We will promptly dispose of the documents that you have submitted to us to confirm your identity or your representative after the correction procedures are completed.
- * We will not correct any information if there are any defects in this document or confirmation documents, if there is no information to be requested, if there is no error in personal data, if there is no use or provision to a third party in violation of the Act on the Protection of Personal Information, or if there is no reason for correction.

1. Information of the requester (you or your representative)

Please fill in the Personal Information. (Please fill in all fields.)

Furigana	
Name	seal
Date of birth (YYYY/MM/DD)	
Address	〒 - -
Phone number	- - * Please provide the number that we can reach during the day
Email	

When requester is a representative, please also fill out the following form

(Please fill in all fields.)

Furigana	
Name	seal
Date of birth (YYYY/MM/DD)	
Address	〒 - -
Phone number	- - *Please provide the number that we can reach during the day.
Email	
Relationship	1. Parental 2. Guardian of Adult 3. Agent 4. Other ()



2. Documents confirming that the person is the person or the agent

Please prepare the following documents (without personal number (My Number)).

Please mask the "symbol", "number", "insurer number" and "QR code" on the copy of the health insurance card. (Example of masking: Use a non-transparent material such as sticky notes or tape to hide the area before copying. After making a copy, fill the area so that it cannot be seen.)

Case of the principal	A copy of your driver's license, passport, health insurance card, or certificate of residence, etc.
In the case of an agent	<ul style="list-style-type: none"> ① A copy of the person's driver's license, passport, health insurance card, or certificate of residence ② A copy of the agent's driver's license, passport, health insurance card, or certificate of residence, etc. ③ Power of attorney indicating representation (If the representative is an attorney, the registration number and a power of attorney indicating the representative.) ④ Certificate of personal seal impression

3. History of Provision of Personal Data

Please circle the appropriate number. Please be as specific as possible as to when and where your personal data was provided, the name of the specific service or campaign, and the name of the product you purchased.

	History of provision of the service	When and where it was provided, and Name of service/product, etc.
1	Owner registration	<ul style="list-style-type: none"> ● Date of provision (Approximately): (YYYY/MM/DD) ● Place (XX showroom, XX campaign website, etc.) : ● Method of provision (filling out customer card, registering on website, etc.) : ● Other Details:
2	Application for long-term warranty service	
3	Request for repair	
4	Purchase of parts and consumables	
5	Request for materials and catalogs	
6	Visit to the showroom	
7	Apply for our company Campaign	
8	Inquiries by e-mail or telephone	
9	Other	


4. Invoice Details

Please circle your request and fill in the required information below.

- *We will notify you or your representative the results of your request by mail.
- *If any of the personal data held by our company is incorrect, please request correction, addition or deletion of the incorrect information.
- *If you believe that personal data has been used beyond the scope necessary to achieve the purpose of use, that it has been used improperly, that personal data has been obtained by an illegal method, that it is no longer necessary to use it, or that a serious leak has occurred, please request the cessation of use or deletion.
- *If you believe that personal data has been provided to a third party in violation of the provisions of the Act on the Protection of Personal Information, that it is no longer necessary to use it, or that a serious leakage has occurred, please request the cessation of the provision to a third party.

1	correction	2	Addition	3	Delectation	4	Cessation of use	5	Erase	6	Cessation of third-party provision
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- ▶ If you request 1. Correction/2. Addition/3. deletion

Contents prior to amendment		Contents after amendment

- ▶ If you request 4. Cessation of use/5. deletion: Please select the reason from A) to G) below and fill in the details.

Reasons for Invoicing	Reason
A) Use beyond what is necessary to achieve the intended use	
B) Improper use	
C) Obtaining by illegal means	
D) No longer need to use the product	
E) Due to serious leakage, etc.	
F) There is a risk that the rights or legitimate interests of the person may be harmed.	
G) Other	

- ▶ 6. If you request to stop providing to a third party: Please select the reason from A) to E) below and fill in the details.

Reasons for request	Reason
A) Provided Personal data without your consent to third parties	
B) No longer need to use the product	
C) Due to serious leakage, etc.	
D) There is a risk that the rights or legitimate interests of the person may be harmed.	
E) Other	