(Form 1)

Date: mm/dd/yyyy

To: Personal Data Protection Group

Enterprise Business System Solutions Corporation

Request Form for Personal Data Disclosure

| Requester (Enter the name of Agent when requested by Agent) | | |
|---|---|--|
| Relationship | Principal | |
| with Principal | □ Agent | |
| | Delegated by Principal | |
| | □ Legal representative (parent, etc.) | |
| Name | Seal | |
| Phone No. | (available from 9 a.m. to 5 p.m.) | |
| E-mail address | (used when it is difficult to contact by phone during | |
| | the time above) | |

Requester (Enter the name of Agent when requested by Agent)

I am making a request for disclosure of personal information owned by your company, pursuant to the Act on the Protection of Personal Information.

| Principal to be | Name | Seal | | |
|--------------------------------|------------------------------------|---|-------------------------------------|--|
| disclosed | ZIP code | | | |
| | Address | | | |
| | Phone No. | (available from 9 a.m | n. to 5 p.m. on weekdays) | |
| Description of re | Description of request (Circle one | | 2. Notification of intended purpose | |
| of the following) | | 3. Correction | 4. Addition 5. Deletion | |
| | | 6. Cessation of use | | |
| | | 7. Cessation of disclosure to third parties | | |
| | | Enter specific reasons for the request. | | |
| | | (incorrect personal in | formation, unintended use, etc.) | |
| Identity confirmation document | | 1) Driver's license 2) Health insurance card 3) Passport | | |
| (Circle the | document you | 4) Pension booklet 5) Resident registry with a photo attached | | |
| enclosed) | | 6) Duplicate of original alien registration | | |
| | | (Copy is required for 1. to 5.) | | |

1. Information about Principal

2. Reason/Method for providing Enterprise Business System Solutions Corporation with personal information (Circle one of the following and enter specific service/product name)

| No. | | Name/Date | of | e-mail | newsletter, | seminar, | exhibition, |
|-----|---|---------------|----|--------|-------------|----------|-------------|
| | | service, etc. | | | | | |
| 1 | Registration of e-mail newsletter | | | | | | |
| 2 | Request to send information | | | | | | |
| 3 | Questionnaire surveys/Register to | | | | | | |
| | monitoring programs | | | | | | |
| 4 | Application for participation in seminars | | | | | | |
| 5 | Entrance registration for exhibitions | | | | | | |
| 6 | User registration/Customer card | | | | | | |
| 7 | Inquiries | | | | | | |
| 8 | Other | | | | | | |

3. How Enterprise Business System Solutions Corporation will contact Principal

(Enter specific service name and circle one of the following)

Regarding [] (enter service or product name)

- 1. DM . 2. e-mail
- 3. Company staff will make calls. 4. Company staff will visit your house.

]

5. Other [

(Form 1)

4. Disclosure of personal data (Enter the item to be disclosed)

Personal data items (Name, Address, Phone, etc.)

5. Correction of personal data (Enter the item to be corrected)

| Personal data items (Name, Address, Phone, etc.) | Before correction | After correction |
|---|-------------------|------------------|
| | | |
| | | |
| | | |
| | | |

6. Correction of personal data (Enter the item to be added)

| Personal data items (Name, Address, Phone, etc.) | Description of personal data to be added |
|---|--|
| | |
| | |
| | |
| | |

7. Deletion of personal data (Enter the item to be deleted)

| Personal data items (Name, | Description of personal data to be deleted | |
|----------------------------|--|--|
| Address, Phone, etc.) | | |
| | | |
| | | |
| | | |
| | | |

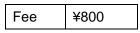
8. Cessation of use or cessation of disclosure to third parties

(Enter description if you request cessation of use or cessation of disclosure to third parties)

| Name and description of the service for which you request cessation of use or cessation of disclosure to third | | |
|--|--|--|
| parties | | |
| | | |
| | | |

*Fee and postage

Please include a postal money order to the value of the following fee <u>for requests for</u> <u>disclosure or notification of intended use.</u>



- No fee is charged for correction, addition, deletion, cessation of use, or cessation of disclosing to third parties.

- The person making the request bears the cost of purchasing the postal money order and of postage to Enterprise Business System Solutions Corporation

[Form filled in by Enterprise Business System Solutions Corporation]

| Date accepted | hh:mm of mm/dd/yyyy | Office in charge |
|--------------------------|---|------------------|
| Principal identification | 1, 2, 3, 4, 5, 6 | |
| Agent identification | 1, 2, 3, 4, 5, 6 | |
| Fee confirmation | □ Attached □ Not sufficient □ Not attached □ Not required | |
| Response sent on | mm/dd/yyyy | |