

## ■Request for Revision of Personal Information

### Request for Revision of Retained Personal Information

Date (yyyy/mm/dd): \_\_\_\_\_

#### Recipient's Address

〒604-8187 京都府京都市中京区東洞院通御池下ル笹屋町436番地 永和御池ビル305  
#305 Eiwa Oike Building, 436 Sasaya-cho, Higashinotoin-dori Oike sagaru, Nakagyo-ku, Kyoto-shi, Kyoto-fu, 604-8187

一般社団法人日本料理アカデミー検定協会  
Japanese Culinary Academy Certification Association

#### Revision Request Applicant

Name

Address or Residence

Phone Number

Pursuant to Article 34, paragraph 1 of the Act on the Protection of Personal Information (Act No. 57 of 2003), I hereby request to revise, add, and/or delete retained personal information as stated below.

#### Statement

Date of retained personal information disclosure request in regard to revision, etc. (yyyy/mm/dd)	_____
Retained personal information subject to disclosure as pursuant to disclosure agreement	Disclosure Agreement Notice No.: Date (yyyy/mm/dd): _____  Details of retained personal information subject to disclosure as pursuant to disclosure agreement:
Purpose/Reason for Revision Request, etc.  If there is not enough space, please attach and submit a separate document with the purpose/reason stated.	(Purpose) _____  (Reason) _____
1. Disclosure Request Applicant <input type="checkbox"/> Self (Requester) <input type="checkbox"/> Legal Representative	
2. Document for Identity Verification <input type="checkbox"/> Driver's License <input type="checkbox"/> Health Insurance Card <input type="checkbox"/> Residence Card <input type="checkbox"/> Individual Number Card <input type="checkbox"/> Other ( )	
3. Requester's Information (for legal representatives to fill out only)  A) Requester's Status <input type="checkbox"/> Minor (DOB: _____) <input type="checkbox"/> Adult Ward under Guardianship  B) Requester's Name _____  C) Requester's Address or Residence _____	
4. If a legal representative is making the request on the requester's behalf, disclosing or submitting one of the following documents is required:  Proof of Qualification for Request <input type="checkbox"/> Family Register <input type="checkbox"/> Certificate of Registered Matters <input type="checkbox"/> Other ( )	