Request for Susp	ension of Use of Retained Personal Information
	Date (yyyy/mm/dd):
	同院通御池下ル笹屋町436番地 永和御池ビル305 ho, Higashinotoin-dori Oike sagaru, Nakagyo-ku, Kyoto-shi, Kyoto-fu,
一般社団法人日本料理アカデミー検定 Japanese Culinary Academy Certificati	
Suspension Request Applicant	
Name	
Address or Residence	
Phone Number	
	of the Act on the Protection of Personal Information (Act No. 57 of 2003), I of retained personal information as stated below.
	Statement
Date of retained personal information disclosure request in regard to	
suspension of use, etc. (yyyy/mm/dd)	
Details of retained personal information subject to disclosure as pursuant to disclosure agreement	Disclosure Agreement Notice No.:
	Date (yyyy/mm/dd):
	Retained personal information subject to disclosure as pursuant to disclosure agreement:
	, and the second
Purpose/Reason for Request If there is not enough space for your reason, please attach and submit a separate document with the reason stated.	(Purpose)
	☐ Suspension of Use ☐ Deletion ☐ Suspension of Sharing
	(Reason)
1. Disclosure Request ☐ Self	(Requester) □ Legal Representative
Applicant	(Negacity 🗀 Eegai Nepresentative
2. Document for Identity Verification	
	☐ Health Insurance Card ☐ Residence Card
☐ Individual Number Card	I □ Other()
3. Requester's Information (for legal	
	r (DOB:) t Ward under Guardianship
B) Requester's Name	
C) Requester's Address or Residenc	e
If a legal representative is making the following documents is required:	; the request on the requester's behalf, disclosing or submitting one of
	ly Register
Request Gualification for Gerti	ificate of Registered Matters or ()