**Request for Discontinuation of Provision of Retained Personal Data to Third Parties Form**

Day Month Year

Personal Information/Individual Number Consultation Office

Sumitomo Pharma Co., Ltd.

(Requester) Name: 　　　　　　　　　　　　　　　　　　　SEAL

Address:　〒　　　－

Telephone　（　　　　）　　　　－

Under my rights stipulated in Article 35 Paragraph 3 or 5 of the Act on the Protection of Personal Information, I hereby request that your company discontinue provision of personal data related to myself to any third party as listed below.

1. Requester’s relationship to the company (e.g. type of transactions undertaken, connection to company, etc.)

2. Reason for Request

3. Scope of Request

　①　Items for which you wish provision to be discontinued

1. Content of data for which you wish provision to be discontinued
2. Extent of third parties to whom you wish provision to be discontinued

Accompanying Documents

Note: In order to confirm the identity of the individual making the request, please include the following documents (both items ① and ②) with your request.

Please place a checkmark next to the box indicating which documents are included.

①　One copy of your □ Driver’s License or □ Passport

②　One original of your □ Residency Register or □ Seal Registration Certificate (Issued within the previous three months)

Processing Fee

Note: No processing fee is levied for requests of this sort.