

**Request for Notification of Purpose of Utilization of Retained Personal Data**  
**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 32 Paragraph 2 of the Act on the Protection of Personal Information, I hereby request access to the following data on the Purpose of Utilization of the items of personal information related to myself retained by your company listed below.

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

2. Scope of Request

- ① List of purpose of utilization items requested
  
- ② Content of purpose of utilization information requested

**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 copy of your  Residency Register or  Seal Registration Certificate (Issued within the previous three months)

**Processing Fee**

Note: A ¥800 processing fee is charged for each information request. Please include ¥800 worth of postal stamps with your request and application documents.