

**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
  
- ② Content of data for which you wish provision to be discontinued
  
- ③ 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.