

Notification Request for Purposes of Use of Retained Personal Data

Date(yy/mm/dd)

To Mitsubishi Corporation Energy Solutions Ltd.

Home address(required)	Postal code
Name(required)	
Phone Number(required)	Home : Daytime :
Desired address for receiving reply notification from us (required) (Not required if it is the same as home address)	Postal code

1. Organization holding the provided personal information

1) Subject organization name (required) Enter the name of our company to which you provided your personal information <input type="checkbox"/> Mitsubishi Corporation Energy Solutions Ltd. <input type="checkbox"/> Mitsubishi Corporation Clean Energy Ltd. <input type="checkbox"/> Mitsubishi Corporation Offshore Wind Ltd. <input type="checkbox"/> Mitsubishi Corporation Power Systems Ltd. Department or branch name: Enter the relevant department or branch name ( )
2) Name of the product/service provided by the relevant organization (required)
3) Situation, Form,(questionnaire answer, seminar participation, etc ) and time of personal information provision(required) Situation : Form : Time of provision : Note : <u>To specify your personal information, please enclose related materials to whatever extent is possible .e.g., seminar material, brochure or application form</u>

2. Inquiry/Opinion

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3. Desired method of disclosure(required)

<input type="checkbox"/> Mail to the desired address for receiving documents	
<input type="checkbox"/> Email to the relevant individual's email address (in attachment) <input type="checkbox"/> Office email address <input type="checkbox"/> Private email address	
<input type="checkbox"/> Mail to the desired address to receive reply notification in electronic medium such as CD-ROM	
Desired address	Postal code
Note: If the disclosure by the desired method would incur large costs or is otherwise difficult, the disclosure will be made by mailing documents.	

Notification Request for Purposes of Use of Retained Personal Data

Date(yy/mm/dd)

To Mitsubishi Corporation Energy Solutions Ltd.

Home address(required)	Postal code:123-4567
	#123XX Heights,1-2-3 Marunouchi,Chiyoda-ku,Tokyo
Name(required)	Taro Marunouchi
Phone Number(required)	Home : 03-1234-5678
	Daytime : 090-4321-5678
Desired address for receiving reply notification from us (required) (Not required if it is the same as home address)	Postal code : 765-4321
	XX Team, XX Dept, XX corporation, 4-5-6Minato-ku, Tokyo

## 1. Organization holding the provided personal information

<p>1) Subject organization name(required) Enter the name of our company to which you provided your personal information</p> <p><input checked="" type="checkbox"/>Mitsubishi Corporation Energy Solutions Ltd  <input type="checkbox"/>Mitsubishi Corporation Clean Energy Ltd  <input type="checkbox"/>Mitsubishi Corporation Offshore Wind Ltd  <input type="checkbox"/>Mitsubishi Corporation Power Systems Ltd</p> <p>Department or branch name : Enter the relevant department or branch name (*** )</p>
<p>2) Name of the product/service provided by the relevant organization(required) ***</p>
<p>3) Situation, Form,(questionnaire answer, seminar participation, etc) and time of personal information provision(required)</p> <p>Situation : Participation in a meeting  Form : Questionnaire answer  Time of provision : April 1,2022</p> <p>Note : To specify your personal information, please enclose related materials to whatever extent is possible .e.g., seminar material, brochure or application form</p>

## 2. Inquiry/Opinion

Want to know the purpose of use of the personal information I required in a questionnaire

## 3. Desired method of disclosure(required)

<input checked="" type="checkbox"/> Mail to the desired address for receiving documents <input type="checkbox"/> Email to the relevant individual's email address (in attachment) <input type="checkbox"/> Office email address <input type="checkbox"/> Private email address <input type="checkbox"/> Mail to the desired address to receive reply notification in electronic medium such as CD-ROM	
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