

Request for Retained Personal Data Disclosure

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. Identification Key\*

(Check and enter in the registered items)	<input type="checkbox"/> Name of place of work	
	<input type="checkbox"/> Office address	Postal code
	<input type="checkbox"/> Office phone number	
	<input type="checkbox"/> Office fax number	
	<input type="checkbox"/> Office mail address	
	<input type="checkbox"/> Private mail address	
	<input type="checkbox"/> Department	(
	<input type="checkbox"/> Title	
	<input type="checkbox"/> Mobile phone number	
	<input type="checkbox"/> Date of birth (mm/dd/yy)	
	<input type="checkbox"/> Former MCES officer/employee	Retirement date : Last department :
<input type="checkbox"/> Other		

\*Identification key is an item used to distinguish between information on people with the same name contained in the information registered by us.

2. Disclosure request for 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 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>

3) Situation, Form,(questionnaire answer, seminar participation, etc) and time of personal information provision(required)

Situation :

Form :

Time of provision :

※Note : To specify your personal information, please enclose related materials to whatever extent is possible. e.g., seminar material, brochure or application form

4) Item of retained personal data desired to be disclosed (required) (e.g. ,name, address or phone number)

5) Desired method of disclosure(required)

Mail to the desired address for receiving documents

Email to the relevant individual's email address (in attachment)

Office email address Private email address

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.

6) Inquiry/Opinion

Note1 : Enclose a copy of a document that identifies you as the relevant individual who owns the requested personal information such as a driver's license. If the document falls under "Other" in the confirmation field below, enter the specific document name. Send the identification document after making the registered domicile unreadable by blacking out or otherwise obscuring it.

Note2 : In case of a request by an agent, enclose a power of attorney by the relevant individual(containing the relationship with the agent, the reason for requiring the agent, and the name, address and phone number of the agent), a certificate of seal impression of the relevant individual(the power of attorney must have the registered seal impression affixed) and a copy of an identification card of the agent (public document such as a driver's license)

Confirmation field : Document that identifies you as the relevant individual(required)

Driver's license Other ( )

Request for Retained Personal Data Disclosure

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. Identification Key\*

(Check and enter in the registered items)	<input checked="" type="checkbox"/> Name of place of work	XX Corporation
	<input checked="" type="checkbox"/> Office address	Postal code:765-4321 4-5-6 Minato, Minato-ku , Tokyo
	<input checked="" type="checkbox"/> Office phone number	(03)1111-2222
	<input checked="" type="checkbox"/> Office fax number	(03)1111-3333
	<input checked="" type="checkbox"/> Office mail address	taro.mitsubishi@aaaa.com
	<input checked="" type="checkbox"/> Private mail address	Taro.mitsubishi@xxx.jp
	<input checked="" type="checkbox"/> Department	XX Sec., XX Dept.
	<input checked="" type="checkbox"/> Title	Section Manager
	<input checked="" type="checkbox"/> Mobile phone number	(090)-4444-5555
	<input checked="" type="checkbox"/> Date of birth (mm/dd/yy)	April 1, 1963
	<input type="checkbox"/> Former MCES officer/employee	Retirement date : Last department :
	<input type="checkbox"/> Other	

\*Identification key is an item used to distinguish between information on people with the same name contained in the information registered by us.

2. Disclosure request for 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>

3) Situation, Form, (questionnaire answer, seminar participation, etc) and time of personal information provision(required)  
 Situation : **Participation in a meeting**  
 Form : **Questionnaire answer**  
 Time of provision : **April 1, 2022**  
 ※Note : To specify your personal information, please enclose related materials to whatever extent is possible. e.g., seminar material, brochure or application form

4) Item of retained personal data desired to be corrected(required)(e.g. ,name, address or phone number)  
**All registered personal disclosed information**

5) Desired method of disclosure(required)  
 Mail to the desired address for receiving documents  
 Email to the relevant individual's email address (in attachment)  
      Office email address    Private email address  
 Mail to the desired address to receive reply notification in electronic medium such as CD-ROM

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Confirmation field : Document that identifies you as the relevant individual(required)  
 Driver's license    Other (    )