To Mitsubishi Corporation Energy Solutions Ltd.

	Hom	ne address(required)	Postal code	
	Nam	ne(required)		
	Phor	ne Number(required)	Home :	
			Daytime :	
	repl (req (Not	ired address for receiving y notification from us uired) trequired if it is the same tome address)	Postal code	
 Organization holding the provided personal information Subject organization name(required) Enter the name of our company to which you provided your personal information □Mitsubishi Corporation Energy Solutions Ltd. □Mitsubishi Corporation Clean Energy Ltd. 				
☐ Mitsubishi Corporation Offshore Wind Ltd. ☐ Mitsubishi Corporation Power Systems Ltd.				
		shi Corporation Power System	ns 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, semina personal information provision(required)			ninar participation, etc) and time of	
Situation:				
	Form:			
Time of provision: Note: To specify your personal information, please enclose related materials to whatevextent is possible.e.g., seminar material, brochure or application form				
2.	Inquiry/Opinion			
3. Desired method of disclosure (required)				
		red address for receiving docume levant indivisual's email addre		
☐Office email address ☐Private email address				
☐ Mail to the desired address to receive reply notification in electronic ROM			otification in electronic medium such as CD-	
	Desired address Postal code			
		sure by the desired method wo l be made by mailing documen	ould incur large costs or is otherwise difficult, ts.	

Request for Retained Personal Data Third-Party Provision Record

Date(yy/mm/dd)

 ${\bf To\ Mitsubishi\ Corporation\ Energy\ Solutions\ Ltd.}$

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	Postal code : 765-4321
reply notification from us (required)	XX Team, XX Dept, XX corporation,
(Not required if it is the same as home address)	4-5-6Minato-ku, Tokyo

(Not required if it is the same as home address) 4-5-6Minato-ku, Tokyo			
. Organization holding the provided personal information			
1) Subject organization name (required)			
Enter the name of our company to which you provided your personal information			
✓Mitsubishi Corporation Energy Solutions Ltd.			
☐Mitsubishi Corporation Clean Energy Ltd.			
☐Mitsubishi Corporation Offshore Wind Ltd.			
☐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: 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			
) Inquiry/Oninion			
2. Inquiry/Opinion			
Want to have the record of provision of my personal data to third parties			
3. Desired method of disclosure(required)			
✓ Mail to the desired address for receiving documents			
□ Email to the relevant indivisual'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.