

Request for Retained Personal Data Suspension of Use, Etc

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. Request for suspension of use, deletion, or suspension of third-party provision of 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>



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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		

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## 2. Request for suspension of use, deletion, or suspension of third-party provision of provided personal information.

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<p>2) Name of the product/service provided by the relevant organization(required) ***</p>

