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	Postal code
reply notification from us (required)	
(Not required if it is the same as home address)	

1. Identification Key*

1. Inclution in	<i>y</i>	
(Check and enter	\Box Name of place of work	
in the registered		
items)	\Box Office address	Postal code
	□Office phone number	
	□Office fax number	
	□Office mail address	
	□Private mail address	
	□Department	(
	□Title	
	□Mobile phone number	
	□Date of birth	
	(mm/dd/yy)	
	□ Former MCES	Retirement date :
	officer/employee	Last department :
	$\Box Other$	

*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.

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 :			
Form :			
Time of provision :	Time of provision :		
extent is possible .e.g.,	*Note : <u>To specify your personal information, please enclose related materials to whatever</u> <u>extent is possible</u> .e.g., seminar material, brochure or application form		
4) Item of retained personal data whose suspension of use, etc. is desired (required) (e.g., name, address or phone number)			
5) Request category (-		
\Box Suspension of	f use, etc		
\Box Deletion			
	f future third-party provision		
6) Reason for desiring suspension of use, etc (required)			
7) Desired method of	disclosure (required)		
\Box Mail to the desired ad	ldress for receiving documents		
\Box Email to the relevant	t indivisual's email address (in attachment)		
\Box Office email address \Box 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.			
8) Inquiry/Opinion			

- Note1 : Enclose a copy of a document that identifies you as the relevant individual who owns the respected 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 (
)

Entry Sample

Request for Retained Personal Data Suspension of Use, Etc

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*

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

*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.

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 an	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 whose suspension of use, etc. is desired (required) (e.g., name, address or phone number) All registered personal information 				
5) Request category (re	equired)			
✓ Suspension of	use, etc			
\Box Deletion				
\Box Suspension of t	future third-party provision			
 6) Reason for desiring suspension of use, etc (required) No need to have information about *** business. 7) 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. 8) Inquiry/Opinion				
the respected perso under "Other" in the	document that identifies you as the relevant individual who owns onal information such as a driver's license. If the document falls e confirmation field below, enter the specific document name. Send document after making the registered domicile unreadable by			

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blacking out or otherwise obscuring it.

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