Request for Discontinuation of Provision of Personal Information to Third Parties

Attn: Office for Inquiries Vantec Corporation

Date:

I hereby make a following request for discontinuation of provision of personal information held by

Applicant/Represe	entative (please ci	rcle either of	'Applicant' or	'Repr	esentative'.)	
Name						
Date of Birth		Year	Month	Da	nte	
Postal Address	Postal Code	-				
Phone Number	<day-time contact<="" td=""><td>ct> (</td><td>) -</td><td></td><td></td><td></td></day-time>	ct> () -			
. Details of reques	t (please check th	e following)				
	Discont	inuation of prov	vision of personal i	nformati	ion to third parties	
. Details of the percentative)	erson to whom th	ne personal i	refers (only fil	l in thi	is part if the req	uest is made b
Name						
Date of Birth		Year	Month	Da	nte	
Postal Address	Postal Code	-				
Phone Number	<day-time contac<="" td=""><td>ct> (</td><td>) -</td><td></td><td></td><td></td></day-time>	ct> () -			
Personal inform	e following, or writation was provided to ion of Item 1, Article	a third party wi 23 of the Act)	n) ithout prior agreem	nent of th	ne person to whom the	e information
<notes></notes>						
If the request pertains representative (Item 3 representative is a leg. In case the request is given to the person to Personal information related-documents sul	, Article 29 of the Act al representative, documade by a representati whom such personal Vantec has gained fro omitted will be kept co	t), a proof of the umentation provive, the notice of information per m this request for	e identity of the repring a legal represe f intended use and tains. orm will be utilized	resentati ntative v the discl d only fo quest has	ive will be required. (vill be required.) losure of personal inforthis request. This re	In case the ormation will be equest form and
Information Protection Administrator	/Implementation Manager	Officer	Received		Applicant or Representative	The Person to Whom the Dat Pertains
			11		Verification Documents	Verification Result