Request Form for Persona Data and Third Party Record Disclosure

Please fill out the following form, attach documents confirming your identity or that of agent, and send it to our Inquiry Counter below (please note that you will bear the postage).

> LIXIL Corporation Personal Information Inquiry Center 2-1-1 Ojima, Koto-ku, Tokyo 136-8535, Japan

1. Information of the requester (you or your representative)

Please fill out your information (Please fill in all fields.)

Furigana	
Name	seal
Date of birth (YYYY/MM/DD)	
Address	구 -
Phone number	**Please provide the number that we can reach during the day
Email	

When requester is a representative, please also fill out the following form

(Please fill in all fields.)

Furigana	
Name	seal
Date of birth (YYYY/MM/DD)	
Address	〒 -
Phone number	: : #Please provide the number that we can reach during the day
Email	
Relationship	1. Parental authority 2. Guardian of Adult 3. Agent 4. Others ()



2. Documents confirming that the person is the principal or an agent

Please prepare the following documents (without personal number (My Number)).

Please mask the "symbol", "number", "insurer number" and "QR code" on the copy of the health insurance card. (Example of masking: Use a non-transparent material such as sticky notes or tape to hide the area before copying. After making a copy, fill the area so that it cannot be seen.)

Case of the principal	A copy of your driver's license, passport, health insurance card, or certificate of residence, etc.
In the case of an agent	 A copy of the person's driver's license, passport, health insurance card, or certificate of residence A copy of the agent's driver's license, passport, health insurance card, or certificate of residence, etc. Power of attorney indicating representation (If the representative is an attorney, the registration number and a power of attorney indicating the representative.) Certificate of personal seal impression

- * Personal information obtained through this request procedure will be used to the extent necessary for correction procedures. We will promptly dispose of the documents that you have submitted to us to confirm your identity or your representative after the correction procedures are completed.
- * We will not disclose the requested information if the information is incomplete in this form or in the confirmation documents, or if the requested information does not exist, or if the Act on the Protection of Personal Information provides that such information may not be disclosed. In such cases, the Company will notify the applicant by mail.

3. Subject of disclosure request

Please tick the subject for which you wish to request disclosure. (※Please specify)			
□ Personal Data	□ Third Party Record		
4. How to disclosure			
Please tick your prefer	red method of disclosure. (※Please ti	ick)	
may disclose in writing. if you wish to request disclo	etic record will be made by e-mail. If it is difficul osure in writing, please write your or your represe ope attached 404 yen stamps (84 yen for regular	ntative's contact information on the address	



6. History of Provision of Personal Data

Please circle the appropriate number. Please be as specific as possible as to when and where your personal data was provided, the name of the specific service or campaign, and the name of the product you purchased.

	History of provision of the service	When and where it was provided, and Name of service/product, etc.	
1	Owner Registration	Date of provision (Approximately):	
2	Apply for Long-Term Warranty Service	(YYYY/MM/DD)	
3	Repair Request	Place (XX showroom, XX campaign website, etc.):	
4	Purchase Parts and Consumables		
5	Request for brochures and catalogs	 Method of provision (filling out customer card, 	
6	Visit our showroom	registering on website, etc.) :	
7	Apply for our campaigns		
8	Contact us by e-mail or phone	Other details:	
9	Others		