

Application for Disclosure, etc. of Retained Personal Data

Date _____

To: 1-5-2 Higashi Shinbashi, Minato-ku, Tokyo, Japan 105-7115

St. Jude Medical Japan Co., Ltd.

Contact for Personal Information, Legal Department

[Applicant]

Address

Name

_____ (seal)

Telephone No.

- * In case of agent statutory agent
 agent by delegation

I hereby request as follows on the following data retained by your Company.

① Subject data

- Retained personal data about myself (in case the requesting person is the applicant)
 Retained personal data about the following individual (in case the agent is the applicant) (please fill in the following)

Address	
Name	

② Details of Application

Details of Application					
Retained personal data	Disclosure	<input type="checkbox"/>			
Content of retained personal data	Correction	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Deletion <input type="checkbox"/>
Retained personal data	Discontinuance of utilization	<input type="checkbox"/>	Erasure	<input type="checkbox"/>	

 [Please send this application form by attaching the following documents]

- Document to identify the requesting person: 1 copy (* copy of an official certificate enabling to confirm the name and present address such as a driver's license or the health insurance certificate)
- Charge (only in case of the request of disclosure): a postal money order with fixed amount of 500 yen
- A-4 type envelope for return-mail with postage stamp for reply affixed

* In case of request for disclosure, etc. by an agent, please enclose the following documents in addition to the above-mentioned documents respectively:

1. In case of a statutory agent
 - Document to confirm that the agent holds the statutory power of representation: 1 copy (authentic copy of family register; in case of a person having parental authority, a copy of the health insurance certificate in which name of dependent family member is shown may be acceptable)
 - Document to identify the agent as the statutory agent of a minor or an adult ward: 1 copy
 (copy of an official certificate enabling to confirm the name and present address of the statutory agent such as a driver's license or the health insurance certificate)
2. In case of an agent by delegation
 - Power of Attorney: 1 copy
 - Certificate of a seal impression of the person (which is issued within 3 months): 1 copy
 - Document to identify the agent as the agent by delegation: 1 copy
 (copy of an official certificate enabling to confirm the name and present address of the agent such as a driver's license or the health insurance certificate)