

Application Form for Suspension of Use, etc. of Retained Personal Data

DD/MM/YY

To: **Personal Information Protect Manager
ACNielsen Corporation**

**(Applicant)
Address:
Name (seal):
Telephone number:**

I request disclosure of personal information as follows under the provisions of Paragraph 1 of Article 26 of the Act on the Protection of Personal Information.

Content of retained personal data the use of which is proposed to be suspended	
Reason(s) for requesting suspension of use	

In the case of a request made by a representative, please fill in the following spaces. The below spaces for principal should be filled in by the mandator him/herself.

Type of representative	Legal representative for minor Legal representative for a ward who has attained majority Delegated representative
Principal	Address
	Name
	Tel. No.

(Remarks)

1. Please check the appropriate .
2. As much as possible, please state the specifics of the contents of retained personal data the use of which is proposed to be suspended.
3. In the case the application is made by the person in question, please submit an identification document.
One copy of either a driver license, passport, or health insurance card
4. In the case of a request made by a representative, please submit a document that certifies the right of representation and a document identifying the representative (see main text).
5. Please enclose 300 yen in stamps for the charge for disclosure application.