Request for Discontinuation of Use, Elimination, and for Discontinuation of Provision to Third Parties, of Personal Information

※Please fill out columns enclosed by the bold frame

Attention: Olympus Corporation

I hereby request for access to my Personal information as stated below:

		Date of request		
	Address			
Please circle the appropriate one (Discontinue use, Eliminate, Discontinue provision to third parties)	First Name		Last Name	
	Phone Number:			

Personal information for which request to discontinue the use etc. is made	Please state, with **as much detail as possible**, specific Personal information you would like to request.
Reason for requesting such discontinuation	

Please fill out the following only if request is filed by an agent

Name, address and phone number of agent	(Address) (First Name) (Last Name) (Phone number)

*Section to be filled out by the person in charge:	ID verification of the party filling the request	(1)Driver's license (2)Passport (3)Health insurance card (4)Pension card (5)Certificate of residence (6)Fee a. Power of Attorney b. Certificate of a seal impression c. Proof of status as statutory agent ( )
*Remark		

Note 1: Please be as specific as possible when filling out the column for "Personal information to which access is requested" so that the piece of Personal Information for which the request is filed is clearly identified.

Note 2:If a statutory agent requests such information, he or she is required, in addition to documents providing the requester's evidence of identity, to submit proof of his status.

Note 3:Olympus will notify you if any required information is missing or the fee paid is not sufficient. If you fail to respond to us by the end of a designated period, we treat the matter as if no request had been filed.

Note 4:The Personal information Olympus obtains in conjunction with this request will be handled only to the extent needed for the work pertaining to this request.

Note 5: Please do not fill out the columns marked with*.