

To: Kioxia Singapore Pte. Ltd,
Personal Data Protection Group

Application date: Year ____ Month ____ Date ____

Matters Concerning the Authorised Person (AP)

Authorised Person's Name	Sign here
Postal address	Postal code
Telephone number	
E-mail address	
AP identity confirmation document (Please circle the document shown upon submission of this form)	1. Identification Card 2. Health insurance card 3. Others (please fill in):
Name of the person to whom the personal data refers	
Relationship of AP to the person to whom the personal data refers.	

Note: In the case of a request made through an AP, be sure to submit the following documents in addition to the Request Form for Personal data Disclosure Etc. or Request Form for Personal data Correction Etc.: 1) This document and 2) Letter of Authorisation.

Please do not write in the space below.

Office	Remarks
(Date stamp)	