Valid Identification

Request for the disclosure of personal information

Date	1	1
Date	,	,

In case you wish to request disclosure of your personal information, please fill in the format below and enclose documents to verify your identity, and send by post such request to Daikin's person in charge or to our Contact on Personal Information as described below. We will respond to your address or e-mail even if you contact us through a representative.

Daikin Industries, Ltd. Contact on Personal Information

Umeda Center Bldg., 2-4-12, Nakazaki-Nishi, Kita-ku, Osaka, 530-8323, Japan

	fy the Personal Information Held by Daikin Please fill in		
Name	110000		
Address	Home/Office (Company name / depa	rtment:)	
Phone			
	(please fill in a phone number where you can be reached during working hours)		
E-mail			
Circumstances when Daikin collected the Customer's personal information	(please fill in as detailed as possible	the product /service name how	
	Daikin collected your personal infor	- · · · · · · · · · · · · · · · · · · ·	
	Parkin conceded your personal infor	mation/	
2. Scope of your personal informat	tion to be disclosed		
☐ Your personal information	☐ Registry of disclosure to third parties	☐ Information on disclosure to overseas	
3. Requested method of disclosure			
post to your designated addr		to designated address	
A. W. of the Handitan C. Control			
4. Verifying the Identity of Custor	ner		
1 Driver's License 2 Passnort	3. Health Insurance ID 4. Pension	Handbook	
(Please choose one and enclose a		Tanabook	
Please fill in the following only in	case the request is made by a represen	ntative.	
	tative, together with the above identity		
	ifying the identity of the representativ	re as well as a copy of the power of	
attorney.			
Tofannation on the December	·		
5. Information on the Representat		fill in	
Name	Please fill in		
Address	Home/Office (Company name / department:		
71			
Phone	(please fill in a phone number where	e you can be reached during	

٠		
Signature:		
ngnature.		

1. Driver's License 2. Passport 3. Health Insurance ID 4. Pension

Handbook (Please choose one and enclose a copy of it)

^{*}Daikin will use the personal information obtained by this document only for the procedure of this disclosure request