FORM 12

Request to rectify or cease the use of personal information

Date / /

Customers who wish to request to rectify or cease the use of personal information are requested to fill in the format below and enclose documents to verify the Customer`s identity and send by post such request to Daikin`s person in charge or to our Contact on Personal Information as described below.

Daikin Industries, Ltd. Contact on Personal Information
Umeda Center Bldg., 2-4-12, Nakazaki-Nishi, Kita-ku, Osaka, 530-8323, Japan.

1. Request

Content of request	☐Correction, Addition or Removal ☐Cease of Use or Deletion	
Items for rectification, addition, or deletion	Before Rectification / Addition	After Rectification/Addition
Items / contents to rectify / delete		
Reasons to cease the use or delete the data		

2. Information Necessary to Specify the Personal Information Held by Daikin

	Please fill in
Name	
Address	Home/Office (Company name / department:)
Phone	(please fill in a phone number where you can be reached during working hours)
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 information)

3. Verifying the Identity of Customer

Please fill in
1. Driver's License 2. Passport 3. Health Insurance ID 4. Pension Handbook (Please choose one and enclose a copy of it)

4. Information on the Representative

	Please fill in
Name	
Address	Home/Office (Company name / department:)
Phone	(please fill in a phone number where you can be reached during working hours)
Valid Identification	1. Driving 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

Signature: _____