Request Form for Correction etc. of Personal Information

Nippon Telegraph and Telephone Corporation (NTT)
Attn: Customer Personal Information Officer

I hereby request NTT to make a correction etc. in regard to the contents of retained personal data of myself held by NTT, details of which are described in No. 2 below, as they are not factual.

1. Requester (data subject)

Date of Request: / / (day/month/year)

Address:

Name: (seal)

TEL: - -

* Please send by mail or bring into NTT's point of contact of Customer Personal Information, a copy of a public certificate (with respect to the details of such public certificate, please see the Appendix "Public Certificates which can be Used for Identity Verification".).

2. Details of correction etc. (Please describe as specifically as possible.)

Before Correction etc.	After Correction etc.

(Please include the reason why you considered the personal data not to be factual.)

3. When requesting through an agent, please fill in below.

Address:

Name: (seal)

TEL: - -

☐In the case of person with parental authority of the requester who is under the age of 15: A certified copy of a family register is necessary.

☐In the case of guardian of the requester: A certificate of registered matters concerning guardian is necessary.

☐Agents other than the foregoing:

The following documents are necessary; Power of Attorney in the form as attached with the requester's registered seal affixed, a seal registration certificate of the requester (issued within three months), and a copy of public certificates (with respect to the details of such public certificate, see the Appendix "Public

Certificates which can be Used for Identity Verification”.) of the requester and its agent.

Power of Attorney

Nippon Telegraph and Telephone Corporation (NTT)
Attn: Customer Personal Information Officer

I hereby delegate the request for correction etc. of the retained personal data of myself held by NTT to the delegatee as described below.

<Data subject>
Date of delegation: / / (day/month/year)
Address:

Name: (seal)
TEL: - -
* The seal impression to be affixed on this Power of Attorney must be the requester's registered seal. Also, the following documents are necessary; a seal registration certificate of the requester (issued within three months), and a copy of public certificates (with respect to the details of such public certificate, please see the Appendix "Public Certificates which can be Used for Identity Verification".).

<Delegatee>
Address:

Name:
TEL: - -