

## Request Form for Suspension of Provision of Personal Information to Third Parties

NTT, Inc.

Attn : Shareholder Personal Information Officer

(please check the appropriate box below)

- ☐ Pursuant to Article 35, paragraph 3 of the Act on the Protection of Personal Information, I hereby request NTT to suspend providing the retained personal data of myself held by NTT to third parties.
- ☐ Pursuant to Article 35, paragraph 5 of the Act on the Protection of Personal Information, I hereby request NTT to suspend providing the retained personal data of myself held by NTT to third parties.

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 Shareholder 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. Grounds for the request (please check the appropriate box below)

- ☐ I make this request because I think that except in cases where NTT outsources the handling of personal data to third parties, NTT provides my personal data to third parties in violation of Article 27, paragraph 1 or Article 28 of the Act on the Protection of Personal Information.

< Please write down below the basis of the request as specifically as possible, and attach evidence of such basis of the request to this request form. >

Name and contact address of the third party :

Details of the personal information :

The reason why you think that the personal data had been provided by NTT :

- ☐ I make this request because I believe my personal data has been provided to overseas third parties in a manner that did not comply with the provisions of Article 28 of the Act on the Protection of Personal Information.

< Please write down below the basis of the request as specifically as possible, and attach evidence of such basis

of the request to this request form. >

- ☐ I make this request because I believe it is no longer necessary for NTT to use my personal data.

< Please write down below the basis of the request as specifically as possible, and attach evidence of such basis of the request to this request form. >

- ☐ I make this request because I believe that a leak or other incident set forth under Article 26, Paragraph 1 of the Act on the Protection of Personal Information has occurred.

< Please write down below the basis of the request as specifically as possible, and attach evidence of such basis of the request to this request form. >

- ☐ I make this request because I have concerns that my rights or legitimate interests may be harmed.

< Please write down below the basis of the request as specifically as possible, and attach evidence of such basis of the request to this request form. >

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 above :

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, please see the Appendix "Public Certificates which can be Used for Identity Verification") of the requester and its agent.

## Power of Attorney

NTT, Inc.

Attn : Shareholder Personal Information Officer

I hereby delegate the request for suspension of third party provision 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 : —————