Request Date	/	/



T.C. .: C.I. T. II. I. I. I. I. I.

Request for Disclosure of Retained Personal Data in JAL Group Airlines' Possession

(For customers in the EU/EEA)

Please fill out this Form below and send to Personal Information Handling Desk with documents required for confirmation of identification as described below. JAL reservation confirmations and boarding confirmation will be issued at no charge by visiting JAL web-site (www.jal.co.jp) or calling the JAL Reservation Center.

[Please send to] Japan Airlines, Co., Ltd. Personal Information Handling Desk, 2-4-11 Higashi-Shinagawa, Shinagawa-ku, Tokyo, 140-8637

illioilliation of	the individual (Principal)			
Name		Birth Day / /		
Address	Zip Code			
Telephone				
Remarks	Please notice here in case of changing address and/or family name registered in JAL.			
Information of	Representative (If acting through the representative	ative)		
Relationship to the Principal: ①Parental Authority ②Guardian ③Voluntary representative				
Name		Birth Day / /		
Address	Zip Code			
Telephone				
Documents required for confirmation ①Documents to confirm identification of the person making this request. Please enclose a copy of one of the following documents. In case the address is not written by a public entity on the documents above, please attach a certified copy of the residence certificate or the original copy of the foreign resident registration (issued within 3 months prior to the request) 1. Driver's license 2. Passport 3. Health insurance certificate 4. any other document issued by a public agency that can used to confirm the identity customer ②In case of requesting by a person with parental authority In addition to above①, Document that confirms the representative has parental authority ③In case of requesting by guardian In addition to above①, Document that confirms the representative is a guardian of adult ④In case of requesting by statutory agent In addition to above①, Document that proves the representative is a statutory agent ⑤In case of requesting by voluntary representative In addition to above①, Letter of proxy (signed by data subject)				

Details of	Disclosure	request
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Please describe the retained personal data concerning this request.

☐ Matters related to JAL Mileage Club

JMB Number:

☐ Reservation and boarding information

Flight: JAL JTA JAC HAC RAC / Flight Number:

Boarding Date: / Sector:

 \Box Other details of the request

 \square The Reason of the request

Handling of this Form

Personal information obtained through the request using this form is used only to respond the request. We shall destroy this form and other attached documents 3 month after our reply. In case we decide not to disclose the retained personal data, we will inform you the reason.

Attention:

Please note that this form is accepted only by mail.

We will not accept it in flights or at counters.