

To: Personal Information Protection Group
Kioxia Holdings Corporation

Request Form for Personal Information Disclosure etc.

I hereby make the following request concerning personal information held by Kioxia Holdings Corporation in accordance with the Act on the Protection of Personal Information.

1. Matters concerning the person to whom the personal information refers

Information concerning the person to whom the personal information refers	Name	Print name and sign
	Postal address	Postal code —
	Telephone number	() — (Telephone for daytime contact)
	E-mail address	
Details of request (Please circle one.)		1. Disclosure of Personal Information 2. Notice of intended use of Personal Information 3. Disclosure of third party provision records Please indicate the specific reason for your request. (This information is optional.)
Personal identity confirmation document (Please circle the document you will send with this form.)		1. Driver's license 2. Health insurance card 3. Passport 4. Pension booklet 5. Resident registry card 6. Individual Number Card (only the front side) (Please send a copy of one of the above)
Method of reply (Please circle the preferred method)		1. Written document mailed (800 yen, incl. tax) 2. Electromagnetic record stored media (DVD-R, CD-R etc.) mailed (900 yen, incl. tax) 3. Electromagnetic record attachment emailed (350 yen, incl. tax) Please understand that the preferred method might not be available. Please enclose a postal money order for the corresponding fee above. The requestor bears the cost of purchasing the postal money order and of postage to Kioxia Holdings Corporation.

2. Describe how you provided your personal information to Kioxia Holdings Corporation (Circumstances and means of disclosure). (Please circle the applicable number and specifically indicate the product or service name.)

		Inquiry number, name of product or service, etc.
1.	Exhibition registration form (Exhibition name, date etc.)	
2.	Inquiry	
3.	Other	

3. Describe how you were contacted by Kioxia Holdings Corporation

(After indicating the specific product or service name, circle the applicable items.)

Concerning _____ (specific product or service name),

- 1. I receive direct mail.
- 2. I receive e-mail.
- 3. I receive telephone calls.
- 4. I receive visits.
- 5. Other ()

4. Disclosure of Personal Information (Please indicate specifically the personal information items for which you request disclosure.)

Personal Information items (name, postal address, telephone number, etc.)

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Please do not write in the space below.

Office	Remarks
(Date stamp)	