

Date (yyyy/mm/dd) _____ / _____ / _____

Request Form <For EEA residents>

Please fill out the following and send it to privacy@ore-group.jp together with a copy of your passport.

Data subject			
Name	First Name	Last Name	
Date of Birth	yyyy/mm/dd		
Details of your stay	Hotel	period of stay	
		yyyy/mm/dd	~ yyyy/mm/dd

Requested item(s)
<p>Please tick the appropriate box(es) below.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access Data <input type="checkbox"/> Correct/Update Data <input type="checkbox"/> Remove Data <input type="checkbox"/> Restrict Data Processing <input type="checkbox"/> Transmit Data to another controller <input type="checkbox"/> Object to Data Processing <input type="checkbox"/> Withdraw Consent

Details of Your Request(s)	
Subject Data	
Details of Your Requests	