Request Form for Disclosure of Retained Personal Data, etc.

To the Personal Information Protection General Manager,

Eisai Co., Ltd. I hereby request the disclosure of retained personal data or third-party provision record as follows: 1. The scope of the items of retained personal data relating to your request (e.g., name, email address, etc.) 2. The approximate time when you provided Eisai with the retained personal data (e.g., around January, 2018) 3. How you provided Eisai with the retained personal data (e.g., By filling out an electronic survey on the Internet, by filling out a paper survey at a pharmacy, etc.) 4. How to notify the purpose of utilization of the retained personal data Mail printed paper to the address specified in this request form Send electromagnetic records by e-mail to [] XIf it is difficult to use the notification method you have selected, Eisai will notify you by another method. 5. What you request ☐ Disclosure of retained personal data ☐ Disclosure of third-party provision record 6. Identity confirmation documents (Please check the box corresponding to the type of document you attach.) ☐ Passport ☐ Driver's license ☐ Any two out of Health Insurance Card, Pension Book, or Certificate of Tax Payment (or Certificate of Tax Exemption) (1 copy each) Date of Request: (Month) (Day) (Year) Address Name