Request Form for Discontinuation of Utilization of Retained Personal Data, etc.

To the Po	ersonal Information Protection	n General Manage	er,	
Eisai Co.	, Ltd.			
-	request the discontinuation of n of retained personal data as fo		n and discontinuation of third-	party
	scope of the items of the retain	ned personal data	relating to your request (e.g., r	ıame,
	approximate time when you and January, 2018)	provided Eisai wi	th the retained personal data	(e.g.,
	you provided Eisai with the reey on the Internet, by filling ou	•	ata (e.g., By filling out an elect at a pharmacy, etc.)	ronic
4. Wha	nt you request			
	Discontinuation of utilization			
	Erasion			
	Discontinuation of third-party	provision		
5. Reas	son for your request			
6. Iden	atity confirmation documents			
	check the box corresponding to	the type of docur	ment 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)				
<u>Da</u>	ate of Request: (Month)	(Day)	(Year)	
Ac	ddress			
Name				