

Notes on Requests for Personal Information

1. Identity Verification Documents

We request the submission of the documents set forth the below (1) – (2) in order to respond to your request for disclosure of personal information, with which we will confirm whether your request is made by yourself or your authorized representative. Please note that if you or your authorized representative does not send us the following documents, we will not be able to meet your request.

(1) Please send one of the following documents as identity verification documents.

- ① One copy of passport or driver's license.
- ② One copy each of any two of the following: health insurance card, pension handbook, certificate of taxes payment (or certificate of tax exemption), or original copy of residence certificate.

(2) Please send one of the following documents as identity of the authorized representative of the person in question.

- ① Documents specified in the above (1).
- ② Documents to prove authorization as an authorized representative:
 - In the case of legal representative:
One copy of family register or a document from family court certifying as the legal representative.
 - In the case of appointed representative:
Seal registration certificate of the person in question and letter of attorney stamped with the registered personal seal of the person in question.

Note: In order to register contact with the person in question, Sawai Pharmaceutical Co., Ltd. shall store the above submitted documents with the utmost security, and such documents will not be returned to you.

2. Postage Fee

If you wish to disclose by mail, please bear the postage fee (standard-size mail: JPY 84, registered mail JPY 435. Total: JPY 519). The postage fee must be paid by stamp, so please enclose the stamp (equivalent to JPY 519).

3. Refusal of request for disclosure

Please note that we may reject your request for disclosure in the following cases. We will inform you if your request falls under any of the following cases:

- (1) We cannot verify identity confirmation or authorized representative;
- (2) There is something wrong with each request forms (including errors in the description);
- (3) The request may infringe the life, body, property or other rights of the person in question or a third party;
- (4) The request violates laws or regulations;
- (5) Sawai Pharmaceutical Co., Ltd. is not obligated to respond to requests for disclosure under the Act on the Protection of Personal Information; or
- (6) The personal information does not exist or cannot be determined.

Request Form for “Notification of Intended Use of Personal Information or Disclosure of Personal Information”

Contact for inquiries regarding personal information
 Sawai Pharmaceutical Co., Ltd.
 5-2-30 Miyahara, Yodogawa-ku, Osaka 532-0003, Japan

Your address:

Your name:

Your signature:

Your phone number:

E-mail address:

Based on the Act on the Protection of Personal Information, the followings are requested to my personal information held by Sawai Pharmaceutical Co., Ltd.

Type of request	<input type="checkbox"/> Notification of the utilization purpose for personal information <input type="checkbox"/> Request for disclosure of personal information
Method of disclosure	<input type="checkbox"/> mail <input type="checkbox"/> electronic record * If you wish to receive by electronic record, please enter the above e-mail address. (Personal information will be sent to the above e-mail address, so please be careful not to make a mistake. If the description is unclear, we may not be able to respond to your request.)
Details of personal information covered by request	
The date and/or year regarding the provided personal information	
If making a request by a representative, please also fill in the following items.	
Representative's information	Acting as: <input type="checkbox"/> Legal representative <input type="checkbox"/> Appointed representative Representative's name Representative's signature Representative's address Representative's phone number