Request for Disclosure of Personal Information (GDS)

* For corrections, data erasure, or suspension of use, please contact the travel agency that arrange the trip itinerary directly.

□ Filing an objection

Please check one of the following rights stipulated in the Privacy Protection Law for this application. □ Data portability

□ Data disclosure

Please fill in the foll item.	owing details before ap	plying. (You car	leave our	entry items blank	k) * Email address is not a required
Date of Application	Year	Month	Day	Signature/ Seal	
Applicant	Name (First, Middle, Last)		,		
	Address				
	Telephone No.				
	E-mail Address				
	Agent Name				
	Address				
	Telephone No.				
Proxy	Relationship to	□ Perso	n entrust	ed by the person	on
representative	Applicant	□ Legal representative (parental guardian, etc.)			
(in case of billing)		□ Documents	that can	be confirmed b	by the agent himself/herself
Silling)	Proxy Verification Documentation (Please attach)	Power of attorney from the Applicant (Attached the seal registration certificate of the stamped seal or signature) In the case of a legal representative, documents certifying the relationship with the person (copy of family register or abstract, or resident card)			
Contents-Please	describe the details	of the applica	ation.		
Confirmation of					
the person or					(INFINI Use)
agent					

Please allow at least two weeks from receipt of this application at INFINI TRAVEL INFORMATION, INC. until we notify you with a "Personal Information Disclosure Report". If you do not receive the "Personal Information Disclosure Report" after one month, please be sure to contact us at:

INFINI TRAVEL INFORMATION, INC. Personal information inquiries desk

Phone: +81-3-6229-8500/ FAX: 03-5570-9577/ Email address: cp@infini-trvl.co.jp