

## 【ANA】 Form for Various Requests

Request Date:        /        /

<How to apply>

Please fill out this request form and submit it as follows

1. If you wish to receive a response by mail

Please send this request form together with identification documents (if the request is made by a representative, identification documents of the representative are also required) to our office below.  
(Postage stamps required)

Personal Information Handling Desk

All Nippon Airways Co., Ltd.

1-331-90, Kaminoshima-cho, Nagasaki-shi, Nagasaki, Japan, 850-0078

2. If you wish to receive a response in electronic file format

Please enter the required information on this [form](https://ana-support.my.site.com/enjp/s/atmint-en?cc=jp) (<https://ana-support.my.site.com/enjp/s/atmint-en?cc=jp>), then upload the request form and identification documents (if the request is made by a representative, identification documents of the representative are also required)

The file formats that can be attached are ".pdf," ".jpg," ".jpeg," ".gif" and ".png."

\*We do not accept applications at ANA counters or in-flight.

\*If you wish to request response by a method other than mail or electronic file format, please indicate your preferred response method in the "Others" column. Please note, however, that there may be cases in which it is difficult to disclose by the specified method.

For general inquiries such as reviewing your reservation and/or boarding information, you can obtain more details free of charge on our website at [www.ana.co.jp](http://www.ana.co.jp) or from our ANA Call Centers. You can also review your registered ANA Mileage Club member information on the ANA website or at the telephone counter (ANA Mileage Club Service Center).

Please be careful not to forget to fill in the required items in the bold frame.

Information for the Person to Whom Modification etc. Pertains			
Last Name		Birth Date	Day      Month      Year /      /
First Name			
Address	Zip Code		
Telephone	<div>—      —</div> <small>*As we may call for identity verification, please fill in the daytime phone number.</small>		
Identification Documents	A Copy of one of the followings: Driver's License, Passport, Individual Number Card (front side only), Physical Disability Certificate, Resident Card		

Information of the Person Requesting Modification etc. (Please fill this out only if the request is being made through a representative.)			
Last Name		Birth Date	Day      Month      Year /      /
First Name			
Address	Zip Code		
Telephone	<div>—      —</div> <small>*As we may call for identity verification, please fill in the daytime phone number.</small>		
Identification documents of a representative	1. Power of Attorney (legal representatives must provide a certifying document) 2. Documents to identify the representative (A Copy of one of the followings: Driver's License, Passport, Individual Number Card (front side only), Physical Disability Certificate, Resident Card)		

## Type of Request

Circle the number(s) for the type of request and fill in the details.

Type of Request	Details
1. Correction, Deletion, or Addition	
2. Discontinuance or Erasure	
3. Information provision concerning personal information protection measures	

\* Please note that we may not be able to provide services that meet your request due to suspension of use or deletion of your information. Please be aware of this before making a request.

### Handling of this request form

Documents we obtained will be handled only to the necessary extent in accordance with the ANA Privacy Policy.

The ANA Privacy Policy can be found at the following link:

<https://www.ana.co.jp/en/jp/guide/terms/privacy/>

If we cannot respond to your request, we will notify you to that effect and the reason.

- Required item is missing.
- Verification is not possible.
- Requested item does not correspond to the retained personal data.
- Disclosure may have a serious impact on the proper performance of our business operations.
- Disclosure violates other laws.
- Life, health, property or other rights and interests of the individual or third parties may be harmed.

#### ■ For official use by ANA

Acceptance date and time	Received: Year _____ Month ____ Date ____ Time ____:	Management representative validation	
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