


ANA Crowne Plaza Fukuoka "Request for Disclosure of Personal Information" Form

Date of Request : Day /Month /Year

Please fill out and submit the identification document to the address below.
(It is the applicants' responsibility to pay postage.)
Please fill out the information in bold print.

Address for the Request

ATT: Privacy Policy ANA Crowne Plaza Fukuoka
3-3-3 Hakataekimae, Hakata-Ku, Fukuoka-shi,
Fukuoka 812-0011, JAPAN

 We only accept requests by mail. We do not accept requests at the front desk or restaurants.

Personal Information (Please fill out all of the information requested.)

Name	Date of Birth	Day /Month /Year
Address		
Phone Number	*Please write the phone number that we can reach in the daytime. We might call the number to verify the information.	
Identification	1. Driver's license 2. Passport, 3. Health insurance card 4. Basic resident register card (with a photo) 5. Pension handbook 6. Physical disability certificate 7. Alien registration certificate 8. Proof of personal seal registration. *Please submit copies of two identification documents along with requested documents in an envelope.	

Applicant's Information (Please fill out the sections below ONLY if the applicant is applying on behalf of someone else.)

Name	
Address	
Phone Number	*In case we need to contact you to verify any information, please list a daytime phone number.
Relationship	1. Relative 2. Legal Guardian 3. Representative 4. Other ; please write the relationship in the parenthesis ()
Proof of identification and relationship	"letter of attorney" which proves that the applicant is the representative and 1. Koseki certificate (Japanese family registry) or 2. Certificate of Legal Guardian
Applicant identification	1. Driver's license 2. Passport, 3. Health insurance card 4. Basic resident register card (with a photo) 5. Pension handbook 6. Physical disability certificate 7. Alien registration certificate 8. Proof of personal seal registration. *Please submit copies of two identification documents along with other documents in an envelope.

Handling Fee Please include 500JPY postage issued by Japan Post in an envelope.

Disclosure of Personal Information

Please fill out the sections below to disclose the personal information.

Room / restaurant reservations (name, details of the reservations <room, restaurants, events>, dates)
Please fill out all the sections below.

1. Name reservation was made under 2. The purpose of the visit to ANA Crowne Plaza Fukuoka (rooms, restaurants, events):

3. Date of visit to ANA Crowne Plaza Fukuoka Day /Month /Year

Others

We check reservations and event schedules for free.

ANA Crowne Plaza Fukuoka
In-House System for Disclosure

This form will only be used to disclose the personal information. All documents will be kept for a month and discarded after that period of time.

We will notify you with the reason(s) if we decide NOT to disclose the personal information.

- The information provided was inadequate.
- The hotel cannot confirm the checklist.
- The information requested to disclose doesn't fall under the "personal data" category.
- The disclosure will trouble our business.
- The disclosure is a violation of the law.
- The disclosure of personal information leaves a negative impact on the customer. This includes a physical, financial or basic welfare detriment.

Official Use Only

Date and time of the request	
Manager use only	