

Claim form for Personal Information modification

To: THK Co, Ltd. Legal Department

I would like to request THK Co, Ltd. of my personal information modification as follows.

Date: _____

Address _____

Name _____

Telephone # _____

Claim matter (Circle one) Investigation of my personal information
Termination of my personal information
Modification of my personal information

If you circle "Modification" Address
Modification item(s) Telephone number
Fax number
E-mail address
Others

The division(s) in THK group you register your personal Information.

Department (_____)
Branch (_____)
Company (_____)

Personal ID Copy of driver's license
Copy of passport
Other official photo ID (_____)

If you are a minor Guardian's name (_____)
Relationship (_____)
Identification document
Copy of driver's license
Copy of passport
Other official photo ID (_____)

If you are an agent Signed letter of attorney
Verification document(s) of signature (_____)