

(Form B-4)

To: SecureBrain Corporation

Statement of complaint about the handling of personal information

I hereby agree to the terms for the "Handling of Personal Information" on the next page, and submit the statement of complaint about the handling of personal information.

Request date	_____ / _____ / 20____ [DD/MM/YY format]
Address	
Name	(Seal)
Tel	
Fax	
Email	
Relationship to our organization	<input type="checkbox"/> Individual customer (Name of product purchased: _____) <input type="checkbox"/> Director or employee of client company Name of company or organization: _____ Our affiliate business office: _____ <input type="checkbox"/> Shareholder <input type="checkbox"/> Current employee (Employee No.: _____) <input type="checkbox"/> Former employee (Last office worked at: _____) <input type="checkbox"/> Other Please describe specifics: [_____]
Statement of complaint (Please describe in detail)	

< Note >

The reply will be posted to the address described in the identification documents of submitter.

Handling of Personal Information

1. Name of the enterprise handling the personal information
SecureBrain Corporation
2. Personal information protection manager
Vice president, Corporate Executive Officer (Tel: 03-3234-3001)
3. Utilization purpose
Personal information acquired will only be used within the scope necessary for addressing statement of complaint, etc.
4. Provision to third parties
SecureBrain will not provide the acquired personal information to the third parties with exceptions of the cases that agreed by the submitter or any legal procedure is required.
5. Entrustment
We never entrust any or all of the handling of personal information acquired.
6. Contact for enquiries
Personal Information Protection Secretariat (Tel: 03-3234-3001)
7. We are unable to reply to statement of complaint, etc. if the person concerned's personal information cannot be provided.
8. We never acquire information using any method that cannot easily be recognized by the person concerned.