## Personal Information Disclosure Request

Cambridge Venture Partners KK (trading as One Niseko Resort Towers) will process and consider your application regarding the requests made for the disclosure of your Personal Information by you or your attorney as follows.

### (1) Information requested to be disclosed

You may request for the following categories of Personal Information to be disclosed:

| 1. Name(s)       | 2. Address      | 3. Sex           | 4. Membership no.     |
|------------------|-----------------|------------------|-----------------------|
| 5. Email address | 6. Phone number | 7. Date of birth | 8. Previous stay info |
| 9. Occupation    | 10. Position    | 11. Title        | 12. Hobbies           |

# (2) Applying for disclosure of Personal Information

Requests for disclosure of Personal Information may be submitted by mail using the request form provided attaching any necessary documents. Please clearly mark on the envelope "Personal Information Disclosure Request". Request forms should be sent to the below address:

One Niseko Resort Towers Personal Information Request 455-3 Niseko, Niseko-cho Aza, Abuta-gun, Hokkaido 048-1511 Japan

### (3) Required documents

Please submit the following documents when making a request for the disclosure of Personal Information.

- (A) Request Form (attached) and completed in full; and
- (B) Personal Identification Document

Please attach a copy of at least ONE of the following:

- (i) driving license
- (ii) student identification card
- (iii) passport
- (iv) health insurance card
- (v) your juminhyo or resident card
- (vi) a utility bill with your address

#### (4) Power of attorney

Where the person making the request is a minor or an adult that legally requires a guardian (a "ward"), a person appointed under a Power of Attorney may make such request on behalf of the applicant. If an application is being made under a Power of attorney, the following documents must be submitted in addition to (A) and (B) above.

A copy of each of the following is required:

- (C) Koseki-shohon or a health insurance card indicating all dependent family members;
- (D) A document to prove that appoints the Attorney for the purposes of the application; and
- (E) Personal Identification of the Attorney (a copy of passport or drivers license).

#### (5) Method of disclosure and unsuccessful application

Upon careful consideration, we will inform you of the outcome of the application submitted by registered mail. We reserve the right to reject any application or requests NOT made in accordance with this document or does not meet the requirements described herein.

Your application may be rejected if:

- (i) if the personal details indicated on the personal identification document provided does not match the information retained by the hotel;
- (ii) we cannot confirm the appointment under the Power of Attorney
- (iii) if we deem the disclosure will damage or infringe upon to the life, health, property, rights of the applicant or others;
- (iv) if we deem that the disclosure will affect the carrying on of the business of the Hotel; or
- (v) such disclosure is in breach of any law or regulation.

You will be notified of any unsuccessful application.

Please note that the applicant is responsible for the costs associated with your application, including postage.