

Minaris Medical Co., Ltd.

Office for Personal Information Inquiries

### **Complains Form Concerning Handling of Personal Information**

I wish to lodge the following complaint about the handling of personal information by Showa Denko Materials Co., Ltd.

- Details -

Date	
Address	
Name	(and signature/personal seal)
Tel. Num	
Fax. Num	
Email Address	
Relation to Minaris Medical Co., Ltd.	<input type="checkbox"/> Individual Customer (Purchased product name: ) <input type="checkbox"/> Staff member or worker for purchase Their company or organization name: Work location related to Minaris Medical Co., Ltd.: <input type="checkbox"/> Stockholder <input type="checkbox"/> Minaris Medical Co., Ltd. employee (Employee number: ) <input type="checkbox"/> Retired staff (Former employee number: ) <input type="checkbox"/> Other :(Please be specific)
Complaint (Please enter as many details as possible.)	

Cautionary Note:

Minaris Medical Co., Ltd. will sent the reply to the address written in the documents providing the customer's identity.