

European Union Personal Data Rights Request Form

(Right not to be subject to a decision based solely on automated processing, right to object, right to data portability or request for withdrawal of consent)

Date:

Customers wishing to assert their right to object or right not to be subject to a decision based solely on automated processing based on EU law, or who would like to request personal data portability or to withdraw consent, should complete the necessary items in the spaces below, attach **one copy of an identity verification document**, and send it to the person who was named by our company or to the Global Privacy Office listed below.

Daikin MR Engineering Co., Ltd.

Shin-osaka Central-tower 11F, 5-5-15, Nishinakajima, Yodogawa-ku, Osaka, 532-0011 Japan.

1. Details of request

| | |
|--------------------|---|
| Request Contents | <input type="checkbox"/> Right not to be subject to a decision based solely on automated processing <input type="checkbox"/> Right to object <input type="checkbox"/> Portability <input type="checkbox"/> Withdrawal of consent |
| Portability format | |

2. Information needed to identify the customer's personal data processed by our company

| | |
|--|--|
| | Entry space |
| Name | (seal) |
| Address | 1) Home 2) Place of work (place of work name, affiliation:) |
| TEL | () - (Enter a number where you can be reached during the day.) |
| Conditions by which our company collected your personal data | (Enter the product or service of our company which you are using, or the situation in which our company collected your personal data. Please enter in as much detail as possible.) |

3. Identity verification document

| |
|---|
| Entry space |
| 1) Driver's license 2) Passport 3) Other () (Select one and attach a copy to this request form.) |

If the request is being made by an agent, complete the items below.

If the request is being made by an agent, in addition to the above identity verification document, attach **one copy of an identity verification document for the agent and the authorization of agent**.

4. Information of the agent

| | |
|--------------------------------|---|
| | Entry space |
| Name | (seal) |
| Address | 1) Home 2) Place of work (place of work name, affiliation:) |
| TEL | () - (Enter a number where you can be reached during the day.) |
| Identity verification document | 1) Driver's license 2) Passport 3) Other () (Select one and attach a copy to this request form.) |

* Personal data collected from this request form will be used for processing the request.