Request for the disclosure of personal information

Date / /

In case you wish to request disclosure of your personal information, please fill in the format below and enclose documents to verify your identity, and send by post such request to DAIPL`s person in charge or to our Contact on Personal Information as described below.

Daikin Airconditioning India Private Limited (DAIPL)
12th Floor, Building No. 09, Tower "A", DLF Cyber City
DLF Phase-III, Haryana- 122002

1. Information Necessary to Specify the Personal Information Held by DAIPL

	Please fill in
Name	
Address	Home/Office (Company name / department:)
Phone	(please fill in a phone number where you can be reached during working hours)
Circumstances when DAIPL collected the Customer`s personal information	(please fill in as detailed as possible the product /service name how DAIPL collected your personal information)

2. Verifying the Identity of Customer

1. Driver's License 2. Passport 3. Health Insurance ID 4. Pension Handbook (Please choose one and enclose a copy of it)

Please fill in the following only in case the request is made by a representative.
In case of a request by a representative, together with the above identity verification of the Customer, please also enclose documents verifying the identity of the representative as well as a copy of the power of attorney.

3. Information on the Representative

	Please fill in
Name	
Address	Home/Office (Company name / department:)
Phone	(please fill in a phone number where you can be reached during working hours)
Valid Identification	1. Driver's License 2. Passport 3. Health Insurance ID 4. Pension Handbook (Please choose one and enclose a copy of it)

*DAIPL will use the personal information obtained by this document only for the procedure of this disclosure request

Signature: _____