

“Handling of Recruitment Applicant’s Personal Information” and Letter of Consent

1. Name and personal information protection supervisor
 Name: Bosch Health Insurance Society
 Personal information protection supervisor: Manager
 Place: 2-5-5, Yakyu-cho, Higashimatsuyama-shi, Saitama
2. Purpose for collecting personal information
 The collected personal information is used only for the recruitment of our staff, and is not used for any other purpose.
3. Provision of personal information to the third party
 The collected personal information is not provided to the third party.
 However, this shall not apply to the case of being required by laws and ordinances.
4. Entrustment of personal information to the external contractors
 Entrustment of collected information is not performed without giving prior announcement.
 However, when the entrustment is performed, we, administer the entrusted organizations to ensure the proper security control of the personal information, upon giving a prior notice and obtaining the agreement.
5. Communication, confirmation, and Inquiry with/to the applicant for the recruitment
 According to the collected personal information, we may contact the applicant to inform/conform the recruitment-related matters such as interview date, etc.
6. Where to contact for requiring personal information disclosure, etc. and inquiries
 It is possible to require the notice about the purpose of using personal information, disclosure, correction, addition, deletion, and halt of provision of personal information to the third party.
 For the further questions on these requirements, please contact the following information desk.
7. The arbitrariness of providing personal information
 It is arbitrary to provide personal information. However, in case this personal information is not provided, there may be possibility that you are not hired on the ground that necessary information for recruitment is not obtained.
 You can withdraw the application or can make correction to the application, etc. separately even after you provided us with the consent.

Please contact the following information desk, if you wish further explanation or confirmation about this matter.

【Information Desk】

Bosch Health Insurance Society, Administration Office

Address: 〒355-0028 2-5-5, Yakyu-cho, Higashimatsuyama-shi, Saitama

Phone: 0493-22-0890, FAX: 0493-23-7466

E-mail: bosch-kenpo@bosch-kenpo.or.jp

To: Bosch Health Insurance Society

I hereby certify upon confirming the above matters, I agree. I don't agree. I don't agree partially.

Month: _____ Date: _____, 200_

Name:

Seal
