

Power of Attorney

(Attachment to the Personal Information Disclosure Request Form)

<The Individual>

Name	(Print Name) (signature)
Address	(Street Address / Building Name) (City / Town) (State / Province / Prefecture) (Postal Code) (Country)
Phone Number	(+) - -

I hereby appoint the person named below as my representative and delegate to them the authority to request notification of the purpose of use, disclosure, correction, addition or deletion of my personal information, suspension of use, erasure, cessation of provision to third parties, and disclosure of third-party provision records.

<Representative>

Name	(Print Name) (signature)
Address	(Street Address / Building Name) (City / Town) (State / Province / Prefecture) (Postal Code) (Country)
Phone Number	(+) - -