

Power of attorney (Appointment of proxy)

Date: _____

| | | |
|-------|---------|-----------------|
| Proxy | Address | |
| | Name | TEL () - |

I appoint the person above as my proxy and grant the rights below.

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|--|
| Rights to be granted - Right to claim disclosure, etc., in accordance with the Act on the Protection of Personal Information, as shown in the attached claim form |
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*If the right to receive the result of disclosure, etc., is also granted, please note this in the box.

| | | |
|-----------|---------|-----------------|
| Applicant | Address | |
| | Name | Registered seal |

*** Note**

- Please fill in all the required items.
- Please stamp using the registered seal and submit a copy of the registered seal certificate.
- Personal information you give in this form will not be used for purposes other than to respond to your request for disclosure, etc., of personal data.