

Power of Attorney

(Document Attached to Request for Disclosure of Personal Information)

Applicant Information

Furigana		
Name	Affix Seal Here	
Address	Postal Code:	Apartment Name:
Phone No.	()	-

I hereby appoint the person below as my agent and grant him/her the authority regarding the notification of the purpose of use, disclosure, content correction/addition/deletion, suspension/termination of use, and suspension of provision to third parties of my personal information.

Agent Information

Furigana		
Name	Affix Seal Here	
Address	Postal Code:	Apartment Name:
Phone No.	()	-