Power of Attorney

	[MM] [DD], [YYYY]	
Principal	Name (signature)	Seal
	Address	
	Tel	
	[MM] [DD], [YYYY]	
Agent	Name (signature)	Seal
	Address	

- (Note 1) Select the applicable item from the following and state it in the underlined portion above:
 - Disclosure of personal information or records of disclosure to third parties;
 - Notification of the intended purpose of use of personal information;

Tel

- Correction of personal information;
- Addition of personal information;
- Deletion of personal information;
- Cessation of use of personal information; or
- Cessation of disclosure to third parties of personal information.
- (Note 2) Please submit this document with the Principal's seal registration certificate attached.