

Power of Attorney

(Document attached to the Request Form for Disclosure, Etc. of Personal Information)

<Individual concerned (Principal)>

Name	Signature _____
Address	
Phone number	() –

I have designated the following person as my attorney-in-fact, and have delegated the authority for notification of purpose of use, disclosure, correction, addition or deletion, suspension of use, elimination, suspension of provision to third parties, and disclosure of records of provision to third parties of my personal information.

<Attorney-in-fact>

Name	Signature _____
Address	
Phone number	() –