Date	:	/ /	/

To: Personal Data Protection Group Toshiba Digital Solutions Corporation

Information about Agent

Name	Seal
	उच्चा
ZIP code	
Address	
Phone No.	
	(available from 9 a.m. to 5 p.m. on weekdays)
Agent identity confirmation document (Circle the document you enclosed)	 Driver's license Health insurance card Passport Pension booklet Resident registry with a photo attached Duplicate of original alien registration (Copy is required for 1. to 5.)
Name of Principal	
Relationship with Principal (Circle one of the following)	 Legal representative (parent, etc.) Delegated by Principal

*When the Agent is making a request, please submit the following documents in addition to the "Request Form for Personal Data Disclosure".

- (1) Information about the Agent (this document)
- (2) Agent identity confirmation document
- (3) "Power of Attorney" and "Seal registration certificate" of the seal stamped on the POA When the Agent is a person with parental authority or other legal representative, the person making the request may submit a certificate of residence or a certificate of insurance indicating the relationship with the Principal instead of a power of attorney.

[Form filled in by Toshiba Digital Solutions Corp.]

Agent identification	1,	2,	3,	4,	5,	6						
POA confirmation		At:	tacl	hed			Not	attached] Other	[]	Office in charg
Seal registration certificate		At	tacl	hed			Not	attached				
Remarks												(/ /)