Year Month Date

Power of Attorney

Assignor

Postal address Name (signature) Telephone number

Affix seal here

Agent Postal address Name Telephone number

Note: Please select the applicable item from the list below and write it in the underlined area above.

Disclosure of personal data, Notification of intended use of personal data, Correction of personal data, Addition of personal data, Deletion of personal data, Cessation of use of personal data, Cessation of disclosure of personal data to third parties