

Form C

Procedures
 1. Please fill in X in the applicable check box (□).
 2. Please fill in all necessary information.
 3. The provided personal information in this form will not be used for any purpose other than to respond to the "request of notification/disclosure of the purpose of use".

Date(dd/mmm/yyyy): _____

Confirmation of Attorney

As an attorney of the claimant name, _____, I hereby make the following claim to disclose the purpose of using personal information under the Act of the Protection of Personal Information.

Attorney	Address	〒 _____
	Name	(_____) Seal
	Telephone	_____
	Relationship with the claimant	<input type="checkbox"/> Attorney of a person under age <input type="checkbox"/> Guardian of an adult

Claimant	Address	〒 _____
	Name	(_____)
	Telephone	_____

Confirmation Document	<input type="checkbox"/> A family register including the relationship between the claimant and attorney. <input type="checkbox"/> A certification of guardianship. <input type="checkbox"/> Other (_____) ※Either one of the above documents.
Identify Verification Document of the Attorney	<input type="checkbox"/> A copy of driver's license <input type="checkbox"/> A copy of health insurance card <input type="checkbox"/> A copy of passport <input type="checkbox"/> Other (_____) ※Either one of the above documents.