

Form D

Procedures

1. Please fill in all necessary information.
2. Please seal with the registered seal and submit the seal registration certificate.
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): _____

Power of Attorney

Attorney-in-fact	Address	〒
	Name	()
	Telephone	
	Relationship with the claimant	

I hereby appoint the above-mentioned as my attorney in regard to the below authority on behalf of myself.

Affair of Authorization

▪ Authority to claim the disclosure of purpose of using personal information under the Act of Protection of Personal Information as per the attached form,

※Please note in the above field if you are willing to appoint the authority to receive the results.

Claimant	Address	〒
	Name	()
	Telephone	

Registered Seal

Nippon Seiki Co., Ltd.