

Date: _____ (m/d/y)

Letter of Proxy

Address of the Proxy:

Name of the Proxy:

Date of Birth of the Proxy

I designate the above-named person as my proxy and authorize him/her to do the following:

To make the following request regarding my Personal Information held by your company:

※Please fill in “O” in the appropriate field below.

- Disclosure Notification of purpose of use
- Correction Addition
- Deletion of Content (Partial)
- Deletion of Content (Entirety) Suspension of Use
- Disclosure of Records of Provision to Third Parties
- Suspension of Provision to Third Parties

To: H. P. D. Corporation

Address of the Appointor

Name of the Appointor (Signature)