Letter of Proxy

			Date :
Address: (〒	_)	
			Registered Seal
Principal/ Delegator Name			*Please attach a registered seal certificate
my rights und request for dis regarding my	er Act on the sclosure, cor personal infe	e Protection of Pers rection, and/or othe	s my proxy to exercise sonal Information and er such lawful requests ped in the Application ation.
Rela	tionship to Pri	ncipal / Delegator ()
Address: (〒	_)	
Proxy/ Delegate Name			
Telephone			
Fax			

- * Please enclose following documents along with the application form.
- 1. Registered seal certificate for the seal used in this letter:

 (Copies are NOT accepted. It must be issued within the last three months)
- 2. One of the following documents for identification :
 - (1) Driver's License (2) Passport (3) Alien registration certificate
 - (4)Health insurance card (5)Pension handbook
 - (6)Residential basic book card
 - (7)Residence certificate (must be issued within last six months)
- * Please note that we will not return any of the documents submitted.