

Power of Attorney

Name of the Agent : _____

Address of the Agent : (〒 —)

I hereby authorize the above-named person as my agent who shall have full power to act on my behalf for the following matter:

1. The following request in regard to my personal information held by Kyulux, Inc.

- | | |
|--------------------------------------------------------------------------------------------|-----|
| (1) Request for Disclosure | () |
| (2) Request for Notification of Utilization Purpose | () |
| (3) Request for Correction, Addition or Deletion the contents of my Personal Information | () |
| (4) Request for Suspension of Use or Elimination | () |
| (5) Request for Suspension Provision to a Third Party | () |

*Please mark the appropriate box above.

TO: Administration Department, Kyulux, Inc.

Date :

Name : _____ Stamp

Address : (〒 —)
