

(Form 2)

Date: mm/dd/yyyy

Personal Data Protection Group

Enterprise Business System Solutions Corporation

Information about Agent

Name	Seal
ZIP code	
Address	
Phone No.	(available from 9 a.m. to 5 p.m. on weekdays)
Agent identity confirmation document (Circle the document you enclosed)	1) Driver's license 2) Health insurance card 3) Passport 4) Pension booklet 5) Resident registry with a photo attached 6) Duplicate of original alien registration (Copy is required for 1. to 5.)
Name of Principal	
Relationship with Principal (Circle one of the following)	1. Legal representative (parent, etc.) 2. Delegated by Principal

*When the Agent is making a request, please submit the following documents in addition to the "Request Form for Personal Data Disclosure".

- (1) Information about the Agent (this document)
- (2) Agent identity confirmation document
- (3) "Power of Attorney" and "Seal registration certificate" of the seal stamped on the POA

When the Agent is a person with parental authority or other legal representative, the person making the request may submit a certificate of residence or a certificate of insurance indicating the relationship with the Principal instead of a power of attorney.

[Form filled in by Enterprise Business System Solutions Corporation]

Agent identification	1, 2, 3, 4, 5, 6
POA confirmation	<input type="checkbox"/> Attached <input type="checkbox"/> Not attached <input type="checkbox"/> Other []
Seal registration certificate	<input type="checkbox"/> Attached <input type="checkbox"/> Not attached
Remarks	

Office in charge