

## Power of Attorney

\*Please fill out the form in your (Delegator's) own handwriting.

Person Requesting Disclosure (Delegator)										
Name										
							Seal			
							(* Please affix your registered seal.)			
Address	(〒	-	) TEL(	-	-	)				

I will delegate the procedures for requesting my personal data held by Yamato Transport Co., Ltd. to the following agent.

Agent

Name								
Address	(〒	-	) TEL(	-	-	)		

\*Please attach the certificate of seal registration of the Delegator and the certificate of identification of the Agent.