

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.