

Date:

To JOHNNAN Corporation

Power of Attorney

I hereby authorize the agent named below to exercise following matters with respect to the personal information held by JOHNNAN Corporation.

- | | |
|--|---|
| <input type="checkbox"/> Disclosure of personal information | <input type="checkbox"/> Notice of Purpose of Use of Personal Information |
| <input type="checkbox"/> Suspension of Use of Personal Information | <input type="checkbox"/> Correction of Personal Information |
| <input type="checkbox"/> Addition of Personal Information | <input type="checkbox"/> Deletion of Personal Information |
| <input type="checkbox"/> Elimination of Personal Information | <input type="checkbox"/> Suspension of Provision of Personal Information to a Third Party |

(Mandator)

Address:

signature:

_____)
*Please print your name (

(Agent)

Address:

Signature:

_____)
*Please print your name (