



or legitimate interests may be harmed.

<Please provide, with as much specific detail as possible, an explanation of the reasoning for the selection made above.>

3 . When requesting through an agent, please fill below.

Address :

Name : (seal)

TEL : — —

☐ In the case of person with parental authority of the requester who is under the age of 15 : A certified copy of a family register is necessary.

☐ In the case of guardian of the requester : A certificate of registered matters concerning guardian is necessary.

☐ Agents other than the above :

The following documents are necessary; Power of Attorney in the form as attached with the requester's registered seal affixed, a seal registration certificate of the requester (issued within three months), and a copy of public certificates (with respect to the details of such public certificate, please see the Appendix "Public Certificates which can be Used for Identity Verification".) of the requester and its agent.

## Power of Attorney

NTT, Inc.

Attn : Shareholder Personal Information Officer

I hereby delegate the request for suspension of usage/deletion of the retained personal data of myself held by NTT to the delegatee as described below.

<Data subject>

Date of delegation :                    /                    /                    (day/month/year)

Address :

Name : \_\_\_\_\_ (seal)

TEL : — —

\* The seal impression to be affixed on this Power of Attorney must be the requester’s registered seal. Also, the following documents are necessary; a seal registration certificate of the requester (issued within three months), and a copy of public certificates (with respect to the details of such public certificate, please see the Appendix “Public Certificates which can be Used for Identity Verification”).

< Delegatee >

Address :

Name :

TEL : — —