# NTT Advanced Technology Corporation

Information Security Department Executive Manager

Suspension of Use of Personal Information, etc. Power of Attorney

Date: YY/MM/DD

I hereby grant my attorney-in-fact the powers to request the suspension of use of my personal information, etc.

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| Applicant’s Name　　　　　　　　　　　　　　　　　　　　　 （Registered Seal） |
| Applicant’s Address |
| Applicant’s Phone No. |

1. Please attach a copy of personal identification document(s) (either of driver’s license, passport, health insurance certificate, certificate of residence issued within last 3 months, and certified copy of family register issued within last 3 months.).
2. When applicant submits a copy of personal identification document(s), please mask the registered domicile, the number of the insurer etc., the symbol and number of insured person (subscriber, member), etc., and basic pension number.

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| Attorney-in-fact’s Name　　　　　　　　　　　　　　　　　　　　　　　　 |
| Attorney-in-fact’s Address |
| Attorney-in-fact’s Phone No. |