

Form 2-1

Request for Correction of Personal Information

To: Personal Information Manager, NTT Advanced Technology Corporation

I hereby request the correction, etc. of my personal information in the databases held by your company, because it differs from the facts.

1. Requester (the requesting person)

Request Date: Year/Month/Date _____

Address: _____

Name: _____ **(Seal)**

Phone Number: _____ - _____ - _____

*** A copy of an official ID card (either of driver's license, passport, health insurance card, certificate of residence (issued within last 3 months) or family register (issued within last 3 months)) is required.**

2. Details of the request (Please be specific.)

- Part to be corrected:

- Before correction:

- After correction:

- Reason for correction:

*** Please write the reason why it was judged to be different from the facts.**

3. Please fill in the following in the case of a request by an attorney-in-fact.

Address: _____

Name: _____ **(Seal)**

Phone Number: _____ - _____ - _____

*** Please fill in the followings about the attorney-in-fact. (Check the applicable one.)**

The attorney-in-fact has parental authority in the case that the requesting person is under 15 years old.

→ A copy of the family register is required.

Adult guardian of the requesting person → Certificate of registered matters is required.

The attorney-in-fact other than those listed above → prescribed power of attorney, certificate of seal impression registration of the requesting person (issued within last 3 months) and copy of the official identification of the requesting person and the attorney-in-fact (either of driver's license, passport, health insurance card, certificate of residence (issued within last 3 months) or family register (issued within last 3 months)) are required.

However, in the requests of 1 or 3, when submitting a copy of official certificates that an individual can be identified, please make a mask processing for permanent domicile, insurer's number, symbol and number of insured person (subscriber and member), etc. and basic pension number.

Form 2-2

Request for Correction of Personal Information / Power of Attorney

To: Personal Information Manager, NTT Advanced Technology Corporation

I hereby grant my attorney-in-fact the power to request the correction, etc. of my personal information in the databases held by your company.

<Requesting person>

Date: Year/Month/Date _____

Address: _____

Name: _____ **(Officially registered seal)**

Phone Number: _____ - _____ - _____

*** A seal is a registered seal. Certificate of seal impression registration (issued within last 3 months) and a copy of an official ID card (either of driver's license, passport, health insurance card, certificate of residence (issued within last 3 months) or family register (issued within last 3 months)) are required.**

*** However, when submitting a copy of official certificates that an individual can be identified, please make a mask processing for permanent domicile, insurer's number, symbol and number of insured person (subscriber and member), etc. and basic pension number.**

<Attorney-in-fact>

Address: _____

Name: _____

Phone Number: _____ - _____ - _____