

Date:

To Comscantecno Co., Ltd.

## Power of Attorney

I hereby authorize the agent named below to exercise following matters with respect to the personal information held by Comscantecno Co., Ltd..

- |  |   |
|--|---|
| <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 (