

Letter of Authorization

Authorized agent Name

Address

I hereby designate the above as my agent in fact with full power and authority to perform the following:

- Regarding the following requests for my "personal data" held by your company.

☐①Notification of purpose of use ☐②Disclosure ☐③Correction

☐④Addition ☐⑤Deletion ☐⑥Suspension of use ☐⑦Elimination

☐ ⑧ Suspension of provision to third parties

(Enter a check mark in the box corresponding to the item)

- Mochida Pharmaceutical Co., Ltd.
- Mochida Pharmaceutical Plant Co., Ltd.
- Mochida Healthcare Co., Ltd.
- Other()

(Circle the destination company name or enter the company name)

Date

Applicant	Address
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Name

Signature/Name seal