

Personal Information Disclosure Request Form (and Power of Attorney)

【 Information on Electricity Demand / Supply Contract / Electric Power Supply Contract (Solar Light, etc.) 】

To: The Okinawa Electric Power Co., Inc.

Date of Submission:

Disclosure Requester Category (Individual Performing the Request)	<input type="checkbox"/> Concerned Individual of Personal Information (→Go to Column 2. No entry required for Column 1.) <input type="checkbox"/> Representative (→Go to Columns 1 and 2.)
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Column 1 ※ If the Disclosure Requester is a representative, the "concerned individual" of personal information must complete the entry. (If a separate Power of Attorney is prepared, no entry is required; go to Column 2)

Concerned Individual	Name		Phone No.	
	Address			

I have designated the following person as my representative and delegate the authority regarding the disclosure of my personal information with this disclosure request form.

Date:

Column 2

Disclosure Requester	Name		Phone No.	
	Address			

Column 3 Disclosure of personal information is requested as follows based on the Act on the Protection of Personal Information

1. Customer No. (Multiple entries can be made only if the concerned individual is the same.)	1	
	2	
	3	
2. Items of applicable personal information (please fill in the details.)	<p><Contract for electricity demand and supply: A contract to purchase electricity from OEPC></p> <p><input type="checkbox"/> Electricity Charge / Usage (From / to /)</p> <p><input type="checkbox"/> Electricity Bill Payment Record (From / to /)</p> <p><input type="checkbox"/> Contract Load Facility / Contract Power Supply Facility</p> <p><input type="checkbox"/> Type of Electricity Demand and Supply Contract</p> <p><Electricity Supply Contract: A contract to sell electricity to OEPC></p> <p><input type="checkbox"/> Power Purchase Price / Purchased Amount (From / to /)</p> <p>< Others ></p>	

<Notes>

- We are unable to accept your request if required items are not entered and personal information related to the disclosure request cannot be identified, so please enter the details.
- Documents (driver's license, health insurance card, passport, etc.) for identity confirmation are required when making a request. (Documents that can confirm the representative's identity will also be required for the representative)
- If the request is made by a representative, in addition to the above documents, a document certifying the legal representative's status or a power of attorney (column 1 of this disclosure request is also acceptable as a power of attorney) is required.

【沖縄電力処理欄】

本人確認方法	<input type="checkbox"/> 運転免許証 <input type="checkbox"/> 健康保険被保険者証 <input type="checkbox"/> パスポート <input type="checkbox"/> その他()																							
処理結果	<table border="1"> <tr> <td>受付</td> <td>開示</td> <td colspan="2">社印保管責任者審査欄(※1)</td> </tr> <tr> <td>年 月 日</td> <td>年 月 日</td> <td colspan="2">文書名:</td> </tr> <tr> <td colspan="3">承認手続き</td> <td colspan="2">社印の種類:</td> </tr> <tr> <td>担当</td> <td>係長</td> <td>所属長</td> <td>押印日</td> <td>審査印</td> </tr> <tr> <td></td> <td></td> <td></td> <td>年 月 日</td> <td></td> </tr> </table>	受付	開示	社印保管責任者審査欄(※1)		年 月 日	年 月 日	文書名:		承認手続き			社印の種類:		担当	係長	所属長	押印日	審査印				年 月 日	
	受付	開示	社印保管責任者審査欄(※1)																					
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			年 月 日																					

※1 開示する書面へ会社印を押印する場合は、「社印保管責任者審査欄」に必要事項を記載のうえ押印すること。

Personal Information Disclosure Request Form (and Power of Attorney)

【Information on Electricity Demand / Supply Contract / Electric Power Supply Contract (Solar Light, etc.)】

Example

To: The Okinawa Electric Power Co., Inc.

Date of Submission:

An individual making a request for disclosure (Disclosure Requester) shall check (✓) the relevant item.

Concerned Individual of Personal Information (→Go to Column 2. No entry required for Column 1.)
 Representative (→Go to Columns 1 and 2.)

Column 1 ※ If the Disclosure Requester is a representative, the "concerned individual" of personal information must complete the entry. (If a separate Power of Attorney is prepared, no entry is required; go to Column 2)

Concerned Individual	Name	
	Address	

The "concerned individual of personal information" (Contracting Customer) must complete the entry only when the Disclosure Requester is a representative.

I have designated the following person as my representative and delegate the authority regarding the disclosure of my personal information with this disclosure request form.

Date:

Column 2 Put a ✓ after confirming the contents.

Disclosure Requester	Name	
	Address	

To be entered by Disclosure Requester.

Column 3 Disclosure of personal information is requested as follows based on the Act on the Protection of Personal Information

1. Customer No. (Multiple entries can be made only if the concerned individual is the same.)	1 ○◆△○● - ◆○ - ○ - △ 2 3
2. Items of applicable personal information (please fill in the details.)	<p>Please confirm this from the Notice of Electricity Consumption (meter reading slip) or the electricity bill.</p> <p><input checked="" type="checkbox"/> Electricity Charge / Usage (From MM/YYYY to MM/YYYY)</p> <p><input type="checkbox"/> Electricity Bill Payment Record (From / to /)</p> <p><input type="checkbox"/> Contract Load Facility / Contract Power Supply Facility</p> <p><input type="checkbox"/> Type of Electricity Demand and Supply Contract</p> <p><Electricity Supply Contract: A contract to sell electricity to OEPC></p> <p><input type="checkbox"/> Power Purchase Price / Purchased Amount (From / to /)</p> <p>< Others ></p>

Check (✓) on items (information) for which disclosure is requested. If there is no applicable item, enter this in detail under <Others>.

<Notes>

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- Documents (driver's license, health insurance card, passport, etc.) for identity confirmation are required when making a request. (Documents that can confirm the representative's identity will also be required for the representative)
- If the request is made by a representative, in addition to the above documents, a document certifying the legal representative's status or a power of attorney (column 1 of this disclosure request is also acceptable as a power of attorney) is required.

【沖縄電力処理欄】				
本人確認方法	<input type="checkbox"/> 運転免許証	<input type="checkbox"/> 健康保険被保険者証	<input type="checkbox"/> パスポート	
処理結果	No Entry Required			
	年 月 日		年 月 日	
	承認手続き			
	担当	係長	所属長	社印保管責任者審査欄(※1)
				文書名: 社印の種類: 押印数: 押印日 審査印
				年 月 日

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