Personal Information Disclosure Request Form (and Power of Attorney)

<Notes>

•Please fill out the required information and mail it along with items (1) and (2) below.

(1)Personal Information Disclosure Request Form (this form) and Identification Documents

(2)Identification Documents of the Representative (XIf the disclosure requester is a representative)

● [Mailing address] : 〒901-2602

5-2-1 Makiminato, Urasoe City, Okinawa, Japan Marketing Department, Billing & Collecting Administration Center, Okinawa Electric Power Co.

•If you would like to receive a response via e-mail, please fill out your e-mail address on this form.

We will also send the invoice for the fee to your e-mail address.

• 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.

To: The Okinawa Electric Power Co., Inc.

 Disclosure Requester Category (Individual Performing the Request)
 □Concerned Individual of Personal Information (→Go to Column 2. No entry required for Column 1.)

 □Representative (→Go to Columns 1 and 2.)

Column 1 X 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	Name		Phone No.							
Individual	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	r		
	Name	Phone No.	
Disclosure Requester	Address		
	E-mail Address		

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

1. Customer No.	1	
(Multiple entries can be made	2	
only if the concerned	Ľ-	
individual is the same.)	3	
2. Items of applicable	<c< td=""><td>ontract for electricity demand and supply: A contract to purchase electricity from OEPC></td></c<>	ontract for electricity demand and supply: A contract to purchase electricity from OEPC>
11		
personal information		Statement Of Electricity Usage (From / to /)
		Statement Of Electricity Usage (From / to /) Certificate of Electricity Bill Payment (From / to /)
personal information		

【沖縄電力処理欄】

7. Jumme 7

本人確認	□運転免許証 □健康保険被保険者証	ロパスポート [コその他	ļ (手数	牧料:		円	
		受付		開示			社印保管責任者審査欄(※)				
							文書名:				
		年月	月日	:	年月	日	社印の種業				
処理結果		7	<u>承認</u> ■	手続き	ŝ		押 印 数				
远连帕木		担当	係	長	所属長		押日	印日		審査印	
							年	月	в		
									н		

※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。

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(1)Persona	al Informa	ation Disclo	sure F	Request	t Form (tł	his form))and Io	dentif	ication	Docum	nent	S						
(2)Identifi	ication Do	ocuments of	the R	lepreser	ntative ((≫If the	e disclo	osure	reques	ter is a	repr	resen	tative)					
• [Mailing	address	: 〒901-26	02															
5-2-1 Makin	5-2-1 Makiminato, Urasoe City, Okinawa, Japan Marketing Department, Billing & Collecting Administration Center, Okinawa																	
Electric Pov	wer Co.																	
●If you wo	uld like to	o receive a r	espon	ise via e	e-mail, pl	lease fill	out yo	our e-	mail ac	ldress o	n th	nis fo	rm.					
₩We will a	ulso send t	the invoice	for the	e fee to	your e-m	nail addr	ess.											
• We are u	nable to a	ccept your	reques	st if req	uired iter	ms are no	ot ente	ered a	nd per	sonal in	forr	matio	n related	l to t	the di	isclosure	request	;
cannot be id	-	1																
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• If the req	uest is ma	ade by a rep													-	-	tive's	
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(Individua	l Perform	ing the Req	uest)	Repr	resentative	e (→Go to	o Colu	mns 1	and 2.)									
Column 1 >	× If the Di	sclosure Rea	uester	is a repr	resentative	the "cor	ncernec	d indiv	idual" d	of person	nal in	nform	ation mus	st cor	mnleti	e the entry	/Ifa	
		ver of Attorn								51 P 0 1551	/	The '	"concerne	d inc	lividu	al of perso	onal	
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Concerned	Name												•			only wher a represen		
Individual												Disci		quest		a Tepresen	tative.	
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		onfirming the contents.	Date:						
Column 2			To be entered by Disclosure Requester.						
	Name					Phone No.			
Disclosure Requester	Address								
	E-mail Address								

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

 Customer I (Multiple entri only if the con individual is t 	ries can be made ncerned	$ \begin{array}{c} 1 \\ 2 \\ 3 \end{array} $ $ \begin{array}{c} 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\$		ce of Electricity							
 Items of ap personal infor (please fill in 	rmation	Contract for electricity demand and supply: A contract to purchase electricity from OEPC> Statement Of Electricity Usage (From MM/YYYY to MM/YYYY) Check () on items (information) for which disclosure is requested. If there is no applicable item, enter this in detail under <others>.</others>									
【沖縄電力処理	王欄】										
本人確認	□運転免許証〔	□健康保険被保険者証	ロパスポート [コその他		手数料:	円				
			受付		開示	社印保管責任者	審査欄(※)				
処理結果		No	Entry Re	equired	年月日 き	文書名: 社印の種類: 押 印 数:					
处理和未			担当	係長	所属長	押印日	審査印				
※1 開示する	書面へ会社印を押	印する場合け(「社印	保管責任者審者	を擱した必要事	頂を記載のうえ	年 月 日 2.押印すること。					