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(1)Perso (2)Identi [Mailing 5-2-1 Mak Electric Po If you w We will We are cannot be Docume (Documer If the re	onal Informatification Dog address address between Co. would like to a laso send also send identified, tents (driver that can equest is marting the send and the sequest is marting the sequest is marting and the sequest is marting and the sequest is marting and the sequest is marting address.	nation Discleration Discleration Discleration Discleration Discrete in F901-20 Jrasoe City, as of receive a caccept your as of please ear's license, In confirm the lade by a rejudent processing the confirm the lade by a rejudent process of the confirm the lade by a rejudent process of the caccept process of the lade by a rejudent process of the	formation and mail it a losure Request Form (to of the Representative 602 y, Okinawa, Japan Mar response via e-mail, p e for the fee to your e-r r request if required ite enter the details. health insurance card, he representative's iden expresentative, in additional olumn 1 of this discloss	(this form) and (XIf the disc rketing Departuplease fill out y mail address. ems are not ent, passport, etc.) ntity will also be on to the above	Identification I closure requested ment, Billing & course your e-mail addutered and person of for identity course documents, a	Documents er is a represent & Collecting Address on this for onal information onfirmation are the representate a document cert	administration Center orm. on related to the discler e required when mak ative) rtifying the legal repr	losure request ring a request.		
To: The (Okinawa I	Electric Po	ower Co., Inc.	-		De	ate of Submission:			
	-	ester Catego ning the Rec	•	ndividual of Personal Information (→Go to Column 2. No entry required for Column 1.) Eve (→Go to Columns 1 and 2.)						
			equester is a representativ			personal inform	nation must complete th	ne entry. (If a		
Concerned	Name					Phon	ne No.			
Individual	Address									
inform	ation with		owing person as my re sure request form.	presentative a	nd delegate the	e authority rega	arding the disclosure	of my personal		
Column 2										
D' 1	Name					Phon	ne No.			
Disclosure Requester	Address									
	E-mail Address									
Column 3	Disclosur	e of person	nal information is requ	ested as follov	νs based on the	e Act on the Pr	otection 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				etricity demand and supply: A contract to purchase electricity from OEPC> Electricity Usage (From / to /) Electricity Bill Payment (From / to /)						
【沖縄電力				- 0-10 1 1	- → - M. /		- 10 ded			
本人確認	2 山連戦	並免許証 □]健康保険被保険者証 『	□パスポート [受付]その他(開示	手数料: 社印保管責任者	円 *寒杏爛(※)		
処理結界	果			年月			在印保官責任名 文書名: 社印の種類: 押 印 数: 押印日	百番貨懶(※)		
				변크	林文	川周文	1# 나가 다	田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田		

※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)

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•Please fill out the required information and mail it along with items (1) and (2) below. Example											
(1)Personal Information Disclosure Request Form (this form)and Identification Documents											
(2)Identification Documents of the Representative (*If 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.											
			-	-	mail address.	,					
					ems are not er	ntered and pers	sonal info	ormation rela	ited to the disc	losure request	
	be identified,					`	~				
) for identity of the best of the second of the contract of the second o			ired when mak	ing a request.	
• If the	request is m	ade by a ren	resentativ	e. in additi	ion to the abox	ve documents.	a docum	ent certifyin	g the legal repr	esentative's	
sta An ir	dividual maki	ng a request	mn 1 of	this disclo	sure request is	also acceptab	le as a p	ower of attor	ney) is require	d.	
	sclosure (Disc		mn 1 of this disclosure request is also acceptable as a power of attorney) is required.								
Requ	ester) shall che		Date of Submission:								
	ant item.			Concerned Individual of Personal Information (→Go to Column 2. No entry required for Column 1.)							
(Indivi	dual Perform	ning the Req	ıest) □F	Representati	ve (→Go to Col	umns 1 and 2.)					
Column				•			f persona	l information	nust complete th	e entry. (If a	
	separate Po	wer of Attorn	ey is prepar	ed, no entry	y is required; go	to Column 2)					
	Name							Phone No.			
Concerne Individua	ed										
murvious	Address			No	Entry Ro	equired					
	nave designat	ted the follo	wing perso	on as my re	epresentative a	and delegate th	ne author	ity regarding	the disclosure	of my personal	
	mation with										
								Date:			
Column	2		To be entered by Disclosure Rec					e Requester.			
	Name							Phone No.			
Disclosur Requeste											
Requesi											
	E-mail Address										
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	s of applicable	.,		for electi	ricity demand	and supply:	A contr	act to purch	ase electricity	from OEPC>	
	l information				•	ge (From MM		-	•	11 Jan 2 == -	
-	fill in the det		_ \~ .	a a=	ems (information		_n /	to /)		
		<	Chec						,		
Oth disclosure is requested. If there is no applicable item, enter this in detail under <others>.</others>											
	力処理欄】	- <i>A</i> - <i>k</i> -T <i>b</i>	* c= /C PA >d	/D PA ===		7 0/16					
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処理結					受付		開示	文書	社印保管責任者	百番宜懶(※)	
				7.7	4 年		年 月				
	÷ #			No	Entry R	equired	き		〕数:		
处理市	市朱				担当	係長	所原	属長	押印日	審査印	
									年 月 日	∃	