

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 (※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.

※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.

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.)
--	---

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			
<input type="checkbox"/> 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			
	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. (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.)	<Contract for electricity demand and supply: A contract to purchase electricity from OEPC> <input type="checkbox"/> Statement Of Electricity Usage (From / to /) <input type="checkbox"/> Certificate of Electricity Bill Payment (From / to /) < Others >	

【沖縄電力処理欄】

本人確認	<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 (手数料: _____円	
処理結果	受付	開示	社印保管責任者審査欄(※)		
	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	押印数:	
				押印日	審査印
			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)

Example

<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 (※ 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.
- ※ 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 (a document certifying the legal representative's status (Column 1 of this disclosure request is also acceptable as a power of attorney) is required.

To: _____, Inc. Date of Submission: _____

<input checked="" type="checkbox"/> Concerned Individual of Personal Information (→Go to Column 2. No entry required for Column 1.) (Individual Performing the Request)	<input type="checkbox"/> Representative (→Go to Columns 1 and 2.)
--	---

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

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	No Entry Required	
<input type="checkbox"/> 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

To be entered by Disclosure Requester.

Disclosure Requester	Name	Phone No.
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. (Multiple entries can be made only if the concerned individual is the same.)	1 ○ ◆ △ ○ ● - ◆ ○ - ○ - △ 2 Please confirm this from the Notice of Electricity Consumption (meter reading slip) or the electricity bill. 3
2. Items of applicable personal information (please fill in the details.)	<input checked="" type="checkbox"/> Contract for electricity demand and supply: A contract to purchase electricity from OEPC <input checked="" type="checkbox"/> Statement Of Electricity Usage (From MM/YYYY to MM/YYYY) <input type="checkbox"/> _____ / _____ to _____ / _____) < Others > Check (✓) on items (information) for which disclosure is requested. If there is no applicable item, enter this in detail under <Others>.

【沖縄電力処理欄】

本人確認	<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	手数料: _____ 円
処理結果	受付 _____ 開示 _____ 年 月 日 年 月 日	社印保管責任者審査欄(※)
	No Entry Required	文書名: _____ 社印の種類: _____ 押印数: _____
	担当 _____ 係長 _____ 所属長 _____	押印日 _____ 審査印 _____
		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。