## Application Form for Disclosure of Personal Information

		Application Date:			
To: Japan (	Communicati	ons Inc.			
		e of my persona the Company"), as		which is held	by Japan
Applicant (*1) (*2)	Applicant	Name			
		Address			
		Birth date			
		Phone number			
		Name			
		Address			
	Attorney				
		Birth date			
		Phone number			
Personal information		☐ Name	☐ Addr	ess	Birth Date
of which I apply for		☐ Phone number	er 🗌 Ema	il address	
disclosure		☐ Bank account ☐ Credit card			
		☐ Billed amount			
		(for the period fromto)			
		☐ Other item (Please describe in detail below.)			
Method of response		☐ In writing	□ FAX	☐ Email	
by the Company (*3)		☐ Other method	d (		)
Destination of answer					
by the Company					
<ul> <li>(Notes)</li> <li>*1 Please submit the copy of one of the following documents to enable the Company to confirm the applicant (including attorney) 's identity. driver's license card, my number card (side with photo only), passport, residence list card</li> </ul>					
with photo, health insurance card, residence card / special permanent resident certificate or residence certificate (without my number)					
*2 In case of application by the attorney, please submit a letter of attorney and certificate for the					

\*3 In case of response by postal mail or fax, the applicant needs to pay 600 yen as fee per request. Please send 600-yen postage stamp or postal money order by postal mail.

seal stamped on the letter.