

Proxy Form for Disclosing Personal Information

Date:

Individual	Name:	Date of Birth
	Signature:	
	Address:	
	Phone Number:	

I hereby designate the person below as my proxy regarding this application for my personal data.

Proxy	Name:
	Address:
	Phone Number:

Requested items	<input type="checkbox"/> Notification of Purposes <input type="checkbox"/> Disclosure <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Deletion
	<input type="checkbox"/> Suspension of Use <input type="checkbox"/> Elimination <input type="checkbox"/> Suspension of provision to third parties

***Notice: This application should be filled out and signed by the applicant himself/herself.**