

POWER of ATTORNEY

Attn:Pacific Industrial Co.,Ltd.

I hereby authorize the below mentioned person as my proxy to complete the procedures written below.

About the PROXY

ADDRESS

PHONE NUMBER

NAME

Designated procedures:

Please circle on the appropriate number NO.1~7 for your request

1. Disclosure of personal information *
 2. Notice of intended use of personal information *
 3. Correction of personal data
 4. Add personal information
 5. Erasure of personal information
 6. Suspension of use of personal information
 7. Suspension of provision of personal information to third parties
- * Application Fee is required

Date : / /

About the Applicant

ADDRESS

PHONE NUMBER

NAME

SIGNATURE
