

Power of Attorney

I (the contract holder) authorize the representative named below to handle the following procedures.

■ au/UQ mobile phone number or au ID applicable for procedure/Procedures to be delegated※1 ◆ This document must be filled out solely by the contract holder.

au/UQ mobile number applicable for procedure	0	0	—						—				
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au ID applicable for procedure	※Enter the ID only if no phone number is available												
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Procedures to be delegated※2		① Procedures associated with au/UQ mobile telecommunication services required to change models
		② Procedures associated with installments※3※4 I also consent to basic specified credit information relating to individual credit purchase brokerage contracts/consumer installment credit sales contracts being passed on to credit information services.
		③ Procedures associated with termination of services other than with au/UQ mobile in accordance with MNP ※5※6
		④ Procedures associated with transfer/inheritance (including transfers between family members) ※7
		⑤ Procedures associated with the Smartphone Value Program / Kaetoku Program device collection and trade-in program
		⑥ Procedures associated with au PAY and au PAY Prepaid Card※8
		⑦ Other (Please describe in detail) ()

Consent	For ① to ④ or ⑦, please check the terms and conditions you agree to below and sign. 1) If you agree to items 1) through 4) specified in "Important Information on au and UQ mobile Communication Services," item 5) specified in " [For Confirmation Prior to Application] Notes Regarding 5G, 4G LTE, WiMAX 2+ Compatible Routers/5G Home Router Contracts," item 6) specified in "au Money Activity Plan Benefit Provision Terms and Conditions" and also authorize a representative to handle the necessary procedures, sign below after checking the boxes.		
<input type="checkbox"/> 1) Area quality information transmission function	(If you are authorizing the handling of procedures for the use of 5G NSA/5G SA/4G LTE/VoLTE services) I have read and agreed to the terms and conditions of "Area Quality Information Transmission Function."	<input type="checkbox"/> 6) If subscribing to au Money Activity Plan	I agree that KDDI, Okinawa Cellular Telephone Company, and the au Financial Group companies involved in providing this offer may mutually provide the customer's personal information (including usage history, etc.) to third parties in accordance with the "au Money Activity Plan Benefit Provision Terms and Conditions"
<input type="checkbox"/> 2) Communication control function	(If you are authorizing the handling of procedures for the use of 5G NSA/5G SA services) I have read and agreed to the terms and conditions of "About the Communication Control Function."	Signature	(Contract holder signature) ※Please enter your full name or corporate name
<input type="checkbox"/> 3) Communication identification function	(If you are authorizing the handling of procedures for signing up for a plan with au subject to the communication identification function) I have read and agree to the terms and conditions of "About the Communication Identification Function."※9 (Check not necessary for UQ mobile)		
<input type="checkbox"/> 4) Cancellation fee	(If you are authorizing the handling of procedures for the use of 5G NSA/5G SA/4G LTE/VoLTE services) I have read and agreed to the terms and conditions of "Fees incurred at the Time of Cancellation * 3 (Explanation of Cancellation Fee)."		
<input type="checkbox"/> 5) 5G Home Router	(If you are authorizing the handling of procedures for signing up for Home Router Plan 5G with au) I have read and agreed to the terms and conditions of "About the use of 5G Home Routers." (Check not necessary for UQ mobile)		

Contract holder (mandator)	Address				Seal
	Name (Signature)				
	Contact	()	—	Date of birth	/ / (mm/dd/yyyy)
Representative (mandatary)	Address				
	Name				
	Contact	()	—		

※ This document, including the "Representative (mandatary)" column, must be filled in and signed in person by the contract holder (mandator).

※ If any information required in this document is not filled out, you will not be able to complete the procedure. Please check again to make sure there you have not missed any fields.

※ This document is valid only if it is received within one month from the preparation date. However, termination by a Lifetime Support Provider for Senior Citizens, etc. is valid and not limited to within one month from the preparation date.

【Examples of procedures that cannot be delegated】 Signing of new contract, application for MNP, change of PIN code, change of telephone number, signing of a contract in the name of a corporation, etc. (A power of attorney is accepted if you are signing up for the Smile-heart Discount together with your contract, or have already signed up for the Smile-heart Discount. Excludes changing your PIN code.)

※1 Enter the au/UQ mobile phone number, the fixed phone number or au ID whose procedures for handling you are authorizing.

※2 Please circle all applicable items from ① to ⑦. For ① to ④ or ⑦, make sure to check the check the terms and conditions you agree to and sign.

※3 Only a family member can be the representative to whom this procedure is delegated (excluding cases we separately specify such as the guardian of an adult.)
Scope of "family member": Has the same last name and address as the contract holder, in the same group such as for Family Discount Plus, is billed together or an representative is registered as a user under the applicable contract.
Non-family members can be the representative for some of our other procedures, including changing plans and repairing devices.

※4 Customers who pay monthly bills for individual contracts with payment forms need to change their payment method to bank transfer or credit card payments.
Please go through the procedure at My au/My UQ mobile in advance or fill out the application for bank transfer payment before visiting the shop.

※5 A power of attorney may be accepted only when the name of the au/UQ mobile contract applicant is different to the name of the subscriber to the original service provider, and the said subscriber to the original service provider has a disability that makes it difficult to visit the shop.
The representative may be limited to a family member.

※6 For MNP reservations when leaving au to join another carrier, circle "⑦ Other" and write "MNP reservation" in the parentheses.

※7 Only the transferor may be the representative to whom this procedure is delegated.

※8 Procedures associated with au PAY Card cannot be delegated.

※9 If you are unsure which plans are subject to the communication identification function, please ask an au shop staff member.

Scan the QR code on the right to access the au/UQ mobile website from smartphones.

- Notes**
- This document, including the "Representative (mandatary)" column, must be filled in and signed in person by the contract holder (mandator). If the contract holder's seal is not available, please provide their signature.
 - The store accepting this power of attorney and KDDI/Okinawa Cellular will not be responsible for any disputes between the representative (mandatary) and the contract holder (mandator) in connection with the procedures in this power of attorney. We thank you for your understanding.
 - For some procedures, the representative (mandatary) to whom the procedures can be delegated may be limited to a family member (a person who has parental authority), the parent/guardian of a minor, or the guardian of an adult (or a party related to a care institution).
 - Procedures that can be delegated to a Lifetime Support Provider for Senior Citizens, etc. are limited to termination.
When delegating termination, circle "⑦ Other" and write "Termination" in the parentheses.
 - For more details on agreement terms regarding au/UQ mobile communication services, check the au/UQ mobile website.

Prepare the following before carrying out one of the procedures above	申込書番号								
	受付店コード								
	受付日								
	受付店								
	担当者	連絡先	()	—					
	本票取扱い	スキャン返却/スキャン不可時2カ月後未保管							

Example

au Cellular Telephone Company

A

/

/

(mm/dd/yyyy)

Power of Attorney

I (the contract holder) authorize the representative named below to handle the following procedures.

■ au/UQ mobile phone number or au ID applicable for procedure/Procedures to be delegated※1

◆ This document must be filled out solely by the contract holder.

au/UQ mobile number applicable for procedure		0	0	—															
au ID applicable for procedure		※Enter the ID only if no phone number is available																	
B	Procedures to be delegated※2	① Procedures associated with au/UQ mobile telecommunication services required to change models																	
		② Procedures associated with installments※3※4 I also consent to basic specified credit information relating to individual credit purchase brokerage contracts/consumer installment credit sales contracts being passed on to credit information services.																	
		③ Procedures associated with termination of services other than with au/UQ mobile in accordance with MNP ※5※6																	
		④ Procedures associated with transfer/inheritance (including transfers between family members) ※7																	
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		⑥ Procedures associated with au PAY and au PAY Prepaid Card※8																	
		⑦ Other (Please describe in detail) ()																	
C	Procedures to be delegated	Consent		For ① to ④ or ⑦, please check the terms and conditions you agree to below and sign. 1) If you agree to items 1) through 4) specified in "Important Information on au and UQ mobile Communication Services," item 5) specified in " [For Confirmation Prior to Application] Notes Regarding 5G, 4G LTE, WIMAX 2+ Compatible Routers/5G Home Router Contracts," item 6) specified in "au Money Activity Plan Benefit Provision Terms and Conditions" and also authorize a representative to handle the necessary procedures, sign below after checking the boxes.															
		<input type="checkbox"/> 1) Area quality information transmission function	(If you are authorizing the handling of procedures for the use of 5G NSA/5G SA/4G LTE/VoLTE services) I have read and agreed to the terms and conditions of "Area Quality Information Transmission Function."	<input type="checkbox"/> 6) If subscribing to au Money Activity Plan	I agree that KDDI, Okinawa Cellular Telephone Company, and the au Financial Group companies involved in providing this offer may mutually provide the customer's personal information (including usage history, etc.) to third parties in accordance with the "au Money Activity Plan Benefit Provision Terms and Conditions"														
		<input type="checkbox"/> 2) Communication control function	(If you are authorizing the handling of procedures for the use of 5G NSA/5G SA services) I have read and agreed to the terms and conditions of "About the Communication Control Function."	Signature	(Contract holder signature) ※Please enter your full name or corporate name														
		<input type="checkbox"/> 3) Communication identification function	(If you are authorizing the handling of procedures for signing up for a plan with au subject to the communication identification function) I have read and agree to the terms and conditions of "About the Communication Identification Function."※9 (Check not necessary for UQ mobile)																
		<input type="checkbox"/> 4) Cancellation fee	(If you are authorizing the handling of procedures for the use of 5G NSA/5G SA/4G LTE/VoLTE services) I have read and agreed to the terms and conditions of "Fees incurred at the Time of Cancellation * 3 (Explanation of Cancellation Fee)."																
		<input type="checkbox"/> 5) 5G Home Router	(If you are authorizing the handling of procedures for signing up for Home Router Plan 5G with au) I have read and agreed to the terms and conditions of "About the use of 5G Home Routers." (Check not necessary for UQ mobile)																
D	Contract holder (mandator)	Address		Seal															
		Name (Signature)																	
D	Representative (mandatory)	Contact		()	—	Date of birth		/	/	(mm/dd/yyyy)									
		Address																	
D	Representative (mandatory)	Name																	
		Contact		()	—														

Entry column		Notes for filling in column
A	Date	Fill in the date you created the Power of Attorney.
	Phone number/au ID	Enter the au/UQ mobile phone number or au ID whose procedures for handling you are authorizing.
B	Procedures to be delegated	Please circle all applicable items from ① to ⑦. For ① to ④ or ⑦, please check the terms and conditions you agree to and sign. If none is applicable, circle "⑦ Other" and enter the "Detail of the procedures to be delegated." (Examples) <ul style="list-style-type: none">• If you are changing the device model of your au/UQ mobile phone etc., paying in installments, circle both "①" and "②."• If you request procedures associated with lump sum payment, circle "⑦ Other" and enter "Procedures associated with lump sum payment."• Procedures that can be delegated to a Lifetime Support Provider for the Senior Citizens, etc. are limited to termination. When delegating termination, circle "⑦ Other" and write "Termination" in the parentheses.
	Consent	If you agree to items 1) through 4) specified in "Important Information on au and UQ mobile Communication Services," item 5) specified in " [For Confirmation Prior to Application] Notes Regarding 5G, 4G LTE, WIMAX 2+ Compatible Routers/5G Home Router Contracts," and item 6) specified in "au Money Activity Plan Benefit Provision Terms and Conditions," you (the contract holder/mandator) are required to sign your full name below in person after checking the boxes. 1) If you are authorizing the handling of procedures for the use of 5G NSA/5G SA/4G LTE/VoLTE services, please read and agree to the terms and conditions of "Area Quality Information Transmission Function." 2) If you are authorizing the handling of procedures for the use of 5G NSA/5G SA services, please read and agree to the terms and conditions of "Communication Control Function." 3) If you are authorizing the handling of procedures for signing up for a plan subject to the communication identification function with au (check not necessary for UQ mobile), read and agree to the terms and conditions of "About the Communication Identification Function." 4) If you are authorizing the handling of procedures for the use of 5G NSA/5G SA/4G LTE/VoLTE services, please read and agree to the terms and conditions of "Fees Incurred at the Time of Cancellation * 3 (Explanation of Cancellation Fee)." 5) If you are authorizing the handling of procedures for signing up for Home Router Plan 5G with au (check not necessary for UQ mobile), read and agree to the terms and conditions of "About the use of 5G Home Routers." 6) If you are authorizing the handling of procedures for signing up for au Money Activity Plan with au (check not necessary for UQ mobile), read and agree to the terms and conditions that KDDI, Okinawa Cellular Telephone Company and the au Financial Group companies involved in providing this offer will mutually provide the customer's personal information (including usage history, etc.) to third parties in accordance with the "au Money Activity Plan Benefit Provision Terms and Conditions." ※No need to fill out this section if you are the transferor delegating the procedure to the representative. For consent as a recipient (successor), sign the consent column in the "Form for the transfer of usage rights for services etc./Form for transfer between family members."
D	Contract holder (mandator)	Enter the address, name, contact information and date of birth of the contract holder with his/her seal (※). ※ This document must be signed and sealed in person by the contract holder (mandator). ※ If the contract holder's seal is not available, his/her signature will suffice.
	Representative (mandatory)	Enter the address, name and contact detail of the representative. Make sure the information is entered by the contract holder (mandator) himself/herself. ※Only a family member can be the representative to whom this procedure is delegated (excluding cases we separately specify such as the guardian of an adult.) Scope of "family member" is as follows. If none of the ①~③ below is applicable, you need to present a certificate of family relationship. ①The representative has the same last name and address as the contract holder ②The representative is in the same group as the contract holder such as for Family Discount or is billed together with the contract holder by "KDDI Collective Billing Service" and "Convergent billing". ③The representative is registered as a user under the applicable contract.