■ au/UQ mobile phone number applicable for procedure/Procedures to be delegated%1

0

au/UQ mobile number applicable

for procedure

an au shop/au Style

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

Power of Attorney

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

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	○ Proc	edures a	ssociated v	with au/UQ m	nobile telecomm	unicatio	n service	es req	uired t	o chanç	ge mode	Is		
Procedures	I also co	Procedures associated with installments ^{\iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii}												
	Proce	Procedures associated with termination of services other than with au/UQ mobile in accordance with MNP **5**6												
	Proc	Procedures associated with transfer/inheritance (including transfers between family members)**7												
delegated ^{*2}	Proc	○ Procedures associated with au PAY/au PAY Prepaid Card ^{※8}												
				with trade-i	•									
	Othe	r (Please	describe in de	etail) (
	If you agree to	items 1) thr	ough 3) specifie	ed in "Important li	nformation on au and									
Consent		vity Plan Be	enefit Provision		G LTE, WIMAX 2+ Collitions" and also author									
1) Area quality information transmission function	I have read and	agreed to t	he terms and co	onditions of "Area	5G/4G LTE/VoLTE services Services Services Control of the Services		Function."							
2) Communication control function				ures for the use of conditions of "Abo	5G services) out the Communication	n Control F	unction."							
☐3) Communication				ures for signing up	for a plan with au subje	ect to the		Signature						
identification function	I have read and	munication identification function) ive read and agree to the terms and conditions of "About the Communication Identification												
☐4) 5G home router	(If you are auth	function."**9 (Check not necessary for UQ mobile) If you are authorizing the handling of procedures for signing up for Home Router Plan 5G with au) have read and agreed to the terms and conditions of "About the use of 5G Home Routers" Check not necessary for UQ mobile)												
5) If subscribing to au Money Activity	I agree that KDI providing this of	I, Okinawa (fer may mutu	Cellular Telephonally provide the	customer's person	the au Financial Group al information (including nefit Provision Terms an	g usage histo	ory, etc.) to							
Contract holder (mandator)	Address			,							Seal			
	Name (Signatu	·e)			_									
(manager)	Contact)		Date	of birth			/		(mm/do	d/yyyy)		
Representative	Address													
(mandatary)	Name Contact	- ()											
※ This document, include		ative (manda	tary)" column, mu	st be filled in and sig	gned in person by the con	tract holder ((mandator).							
X This document is vali	d only if it is receive	ed within one i	month from the pr	eparation date.	the procedure. Please ch									
name of a corporation, e	tc. (A power of at	torney is acc			ct, application for MNP, Smile-heart Discount too									
Discount. Excludes char **1 Enter the au/UQ m		,	orize the represe	entative to handle p	procedures for or enter a	fixed teleph	none number.							
2 Please circle all ap3 Only a family mem	•	orocontativo	to whom this pro	andura in dalagata	od (ovoluding opens wo	congrately	specify such	oc the a	uardian of	f an adult \				
	ember": Has the	ame last nar	me and address		lder, in the same group						an represent	ative is		
Non-family member	ers can be the rep	resentative fo	or some of our of		cluding changing plans		•	or orodit	oord nov	manta				
※4 Customers who pa Please go through					pplication for bank trans					ments.				
※5 A power of attorne subscriber to the or					tract applicant is different sit the shop. The represe						provider, and	d the said		
%6 For MNP reservati%7 Only the transferor	•				te "MNP reservation" in	the parenth	eses.							
%7 Only the transferor%8 Procedures associ				dure is delegated.										
## Market State ## A s	hich plans are su	bject to the c	communication ic	dentification function	on, please ask an au sho	op staff men	nber.							
1 This document inc	luding the "Renr	esentative (mandatary)" co	olumn must he fill	led in and signed in pe	erson by the	e contract ho	lder (m:	andator)					
2. The store acceptin	g this power of a	ttorney and	KDDI/Okinawa	Cellular will not l	be responsible for any	disputes b	etween the r	,	,		and the cor	ntract		
3. For some procedur	es, the represer	itative (man	datary) to whor	m the procedures	We thank you for your can be delegated ma	y be limited	d t							
to a family membe adult (or a party re			I authority), the	parent/guardian	of a minor, or the gua	rdian of an		is QR (code to	access fr	rom 🖳	驗製		
website.	· ·		•		services, check the au	ı/UQ mobile	3	phones						
5. If the contract hold												- G-Cla-		
1. This Power of Atto		g out one o	of the procedu	res above			申込書番	 号			$\overline{1}$	$\neg \neg$		
2. Contract holder (m	andator)'s Identi			D after moving or	opy the reverse side as	s well	受付店コー			++	+++	++		
 Identification docur Certificate of family 	ment of the repre relationship N	esentative (rot required if	nandatarý) fyou are within	the scope of "fami		in ※3.	受付店名	1						
attorney even with 5. Your current au/UC	a certificate of factorial and a control of the con	amily relation including IC	nship. card).				担当者		連絡第	‡ ()	_		
You may be required	ed to prepare otl on, please refer	ner items de	pending on the		ocedure. stomer Support Cente	er or at	本票取扱	UN J			<i>,</i> 可時2力月	 後末保 ⁽		



awa Cellular Telephone Company

(mm/dd/yyyy)

Power of Attorney

■ au/UQ mobile ph	,		•							•			led out s	olely by ti	ne contract	t holder.
au/UQ mobile number applic			icable	0		0								,,		
for procedure				U												
			lures ass					teleco	mmun	ication	servic	es req	uired to	chang	e model	ls
		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.														
Procedures		Procedures associated with termination of services other than with au/UQ mobile in accordance with MNP %5%6														
to be delegated ^{※2}		Proced	dures ass	sociate	ed with	transf	fer/inhe	eritanc	e (inclu	uding t	ransfe	rs bet	ween fa	amily m	embers) ^{※7}
acicgatea	(0)	Proced	dures as	sociate	ed with	au P	AY/au	PAY P	repaid	Card*	8					
		Proced	dures as	sociate	ed with	trade	-in									
	Other (Please describe in detail) (
3 nsent	If you agree to items 1) through 3) specified in "Important Information on au and UQ mobile Communication Services," item 4) specified in " [For Confirmation Prior to Application] Notes Regarding 5G, 4G LTE, WIMAX 2+ Compatible Routers/5G Home Router Contracts," item 5) 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.															
☐ 1) Area quality information transmission function	(If you are authorizing the handling of procedures for the use of 5G/4G LTE/VoLTE services) I have read and agreed to the terms and conditions of "Area Quality Information Transmission Function."															
2) Communication control function			ing the handli						ication Co	ontrol Fur	oction."					
3) Communication	(If you a	re authorizi	ing the handli	ng of proc								le l				
identification function	I have r	If you are authorizing the handling of procedures for signing up for a plan with au subject to the communication identification function). If you are authorizing the handling of procedures for signing up for a plan with au subject to the part of the procedure for signing up for a plan with au subject to the part of														
☐4) 5G home router	(If you a	Function."**9 (Check not necessary for UQ mobile) (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)														
☐5) If subscribing to au Money Activity Plan	l agree t	that KDDI, 0	Okinawa Cell may mutually ordance with t	provide t	he custome	er's pers	onal inforn	nation (inc	luding usa	ge histor						
Contract	Addre				Í	<u> </u>									0 1	
(4holder	Name ((Signature)													Seal	
(m andator)	Conta	act	()		_			Date of b	oirth			/	/	(mm/d	d/yyyy)
Representative	Addre	ess														
(mandatary)	Name															
Entry column	Conta	act	(,			No	otes for f	illing in o	column						
Date	Fill in	the date yo	ou created th	ne Power	r of Attorne	ey.			9							
The phone number to be delegated	Fill in	the au/UQ	mobile phor	ne numbe	er you auth	horize th	ne represe	entative to	o handle į	procedure	es for.					
Procedures to be delegated	If non- (Exam	Please circle all applicable items. If none is applicable, circle "Other" and enter the detail of the procedures to be delegated. (Example) If you are changing your device model of your au mobile phone etc., paying in installments, circle the two items below. Procedures associated with au/UQ mobile telecommunication services required to change models for au telecommunication services Procedures associated with installments														
	Confir "au M persor 1) If y rea	Confirmation Prior to Application] Notes Regarding 5G, 4G LTE, WIMAX 2+ Compatible Routers/5G Home Router Contracts," and item 5) specified "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/4G LTE/VoLTE services, read and agree to the terms and conditions of "Area Quality Information Transmission Function."														
Consent 5G service/ LTE service/ Communication identification function	rea	2) If you are authorizing the handling of procedures for the use of 5G services, read and agree to the terms and conditions of "About the Communication Control Function."														
	nec	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), The procedure of "About the Communication Identification Function". The procedure of the terms and conditions of "About the Communication Identification Function." The procedure of the terms and conditions of "About the Communication Identification Function." The procedure of the terms and conditions of "About the Communication Identification Function."														
	4) If y	read and agree to the terms and conditions of "About the Communication Identification Function." 4) 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 cares to the terms and conditions of "About the use of 5G Home Pouters".														
	5) If y	read and agree to the terms and conditions of "About the use of 5G Home Routers." 5) 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														
	pro	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."														
		Who 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 au services etc./Form for transfer														
	betv	ween famil	ly members".	.`									, ioi au Se	, vices etc	.,ı omi idi t	α. 13161
Contract holder (mandator)			ss, name, co nt must be si								s/her sea	I (※).				
(፠ If th	 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. Enter the address, name and contact detail of the representative. 														
Representative		Make sure the information is entered by the contract holder (mandator) himself/herself. **Wonly a family member can be the representative to whom this procedure is delegated (excluding cases we separately specify such as the guardian of														
	Make	sure the in	nformation is	entered	by the cor	ntract ho	older (mar	ndator) hi			cluding ca	ases we s	separately	specify s	uch as the	guardian
	Make Online an a	sure the in by a family radult.)	nformation is	entered be the re	by the cor epresentat	ntract ho tive to w	older (mar hom this	ndator) hi procedur	e is deleg	gated (ex	•					guardian
Representative (mandatary)	Make %Only an a Sco ①T	sure the in by a family radult.) ope of "fam The represe	nformation is member can	entered be the re is as follothe the same	by the corepresentate ows. If nore last name	ntract ho tive to w ne of the e and ac	older (mar whom this 0.000 the 0.000 distribution of 0.0000 distribution of 0.0000 distribution of 0.0000 distribut	ndator) hi procedur below is a the contr	e is deleg applicable act holde	gated (exe , you nee er	d to pres	ent a cer	tificate of	family rela	itionship.	