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

/

(mm/dd/yyyy)

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

au/UQ mobil	e num proce		icable	0		0	—						_							
101			ures ass	ociate	d with	 au/UQ	mohile	telecc	mmun	icati	ion	service	es rer	nuire	ed to) cha		mod	ل امام	
		Procedure I also conse	es associa	ted with	edit informa	ents ^{%3%4}								•			•			
Procedures to be		passed on to credit information services. Procedures associated with termination of services other than with au/UQ mobile in accordance with MNP *5*6														;				
		Proced	ures as	sociat	ed with	transf	er/inh	eritanc	e (inclu	Judin	a tr	ansfer	s bet	wee	en fa	milv	mer	nber	(s)×	7
delegated ^{%2}			lures as						•		-		0.001							
			lures as						-											
		Other (Please de	scribe i	n detail)	()				
Consent	Confir "au M	agree to iter mation Prior oney Activity after checki	ms 1) throu to Applicat / Plan Bene	gh 3) spe ion】Not fit Provis	ecified in " tes Regard	Important ding 5G,	4G LTE,	WIMAX 2	+ Compa	tible F	Route	rs/5G H	ome Ro	outer (Contra	acts,́" i	item 5)) spec	ified i	
1) Area quality information transmission function	Ihave	are authorizir read and ag									n Fun	ction."								
2) Communication control function	 (If you are authorizing the handling of procedures for the use of 5G services) I have read and agreed to the terms and conditions of "About the Communication Control Function.										tion."									
3) Communication	comm	(If you are authorizing the handling of procedures for signing up for a plan with au subject to the communication function) I have read and agree to the terms and conditions of "About the Communication Identification																		
function	(If you	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"											Signature							
5) If subscribing to au Money Activit	(Check	not necessary f that KDDI, C ing this offer r	or UQ mobile) Okinawa Cel	lular Tele	phone Cor	npany, an	id the au l	-inancial C	Group com	panies	s invo									
Plan	third p	arties in acco	rdance with	the "au N	Ioney Activ	rity Plan B	enefit Pro	ovision Ter	ms and Co	onditio	ns"									
Contract holder		(Signature)														_		Seal		
(mandator)	Cont	tact	()		-		Date of birth						/	/		(n		nm/dd/yyyy	
Representativ	Add	ress																		
(mandatary)	Nam Cont		(
 This document is values of acorporation, name of a corporation, Discount. Excludes chat chat chat chat chat chat chat chat	cedures etc. (A pr anging yo nobile ph pplicable nber can nember ² ; er under ers can b ay month n the proc ey may b original s tions whe or may be ciated wit	s that cann bur PIN code.) one number items. be the represe Has the sam the applicable the represe ly bills for ind cedure at My e accepted on ervice provide n leaving au the represen h au PAY Ca	ot be dele ey is accept you authoriz sentative to le last name le contract. entative for s dividual cont au/My UQ n nly when the er has a diss to join anoth ntative to whe rd cannot be	egated] ed if you e the rep whom this and addr some of o racts with nobile in a e name of ability that er carrier om this p e delegate	Signing of are signing resentative a procedure ess as the ur other pro- payment f advance or the au/UQ rakes it of rakes it of rocedure is ad.	new cont up for the to handle e is delega contract h occedures, orms need fill out the mobile co iifficult to her" and w	e Smile-h procedu nolder, in i including d to chang application ontract ap visit the si vrite "MNF d.	eart Disco res for or e luding cas the same e changing ge their pa on for ban plicant is o hop. The r P reservati	unt togethe enter a fixe es we sep group such plans and yment met k transfer p different to epresentat on" in the p	er with d telep parately n as for repair thod to payme the na tive ma parentl	y your phone y spea r Fam ring da bank ent be ame o ay be heses	contract, a number. cify such illy Disco evices. c transfer fore visiti f the sub limited to s.	or have as the g unt Plus or credi ng the s scriber t	uardia , is bil t card hop. o the	an of a lled too paym origina	ned up an adul gether ents.	lt.) or an r	e Smile	e-hear	rt ve is
Notes 1. This document, in	cluding t	he "Reprose	entative (mo	andatary	" column	must be	filled in a	nd signer		n hv ti	he co	ntract br	older (m	ando	tor)					
 This document, in The store accepti holder (mandator) For some procedu to a family membradult (or a party ri 4. For more details of website. 	ng this po in conno ures, the er (a pers elated to	ower of attor ection with th representati son who has a care instit	mey and Ki he procedu- ive (manda parental a ution).	DDI/Okin res in this tary) to v uthority),	awa Cellu s power of vhom the j the parer	lar will no f attorney procedure nt/guardia	ot be resp y. We that es can be in of a mi	oonsible fo nk you fo e delegate inor, or th	or any disp your und d may be e guardia	putes lerstar limite n of a	betw nding ed n	een the i Use th	•	ntativ code	ve (ma			Γ	contra	act
5. If the contract hol																			-12.9	19 964
1. This Power of Atte		e carrying o	out one of t	he proc	edures ab	ove					申	·込書番	号		Τ			Τ	Τ	
 Contract holder (mandator)'s Identification document (copy)																				
 Certificate of famil If you wish to cha attorney even with Your current au/U 	nge mod n a certifi	els but are o cate of famil	outside the ly relations	scope of nip.								付店名 1当者		いま	絡先	(N		
You may be required For more information	red to pr ion, plea	epare other	items depe	nding on					Center or	at		2日日 、票取扱	<u>()</u>			-	小不可即	, 侍2力	月後	_ 注保管
an au shop/au St																				

Example

awa Cellular Telephone Company



(mm/dd/yyyy)

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

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

ſ	au/UQ mobile	number app procedure	licable	0			0	—						—				
ľ	(2)		dures as	sociat	ed wit	h au	ı/UQ ı	mobil	e teleo	ommu	unicati	ion se	ervice	s req	uired to	o chang	ge mode	els
	Ŭ	I also cons	Ires associ sent to basic s to credit info	specified c	credit infori	Iments rmation	: s ^{%3%4} n relatinç	g to indiv	idual crec	it purchas	e brokera	ige cont	racts/con	sumer in	istallment o	redit sales	contracts be	eing
	Procedures to be delegated ^{%2}	Procedures associated with termination of services other than with au/UQ mobile in accordance with MNP %5%6																
		Procedures associated with transfer/inheritance (including transfers between family members) ^{*/}																
	uelegateu	O Proce	Procedures associated with au PAY/au PAY Prepaid Card ^{**8}															
		O Proce	dures a	ssocia	ited wi	ith tr	rade	-in										
L		Other (Please describe in detail) ()																
	Grsent	If you agree to items 1) through 3) specified in "Important Information on au and UQ mobile Communication Services," item 4) specified in " Confirmation Prior to Application] Notes Regarding 5G, 4G LTE, WIMAX 2+ Compatible Routers/5G Home Router Contracts," item 5) spec "au Money Activity Plan Benefit Provision Terms and Conditions" and also authorize a representative to handle the necessary procedures, si below after checking the boxes.												ified in				
[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	(If you are authoriz I have read and a								inication	Control	Functio	on."					
[3) Communication	(If you are authoriz communication ide			ocedures	s for siç	igning u	up for a p	olan with	au subje	ct to the			ure				
	identification function		ave read and agree to the terms and conditions of "About the Communication Identification nction." ^{%9} (Check not necessary for UQ mobile)										Signature					
(4) 5G home router	(If you are author I have read and a (Check not necessary	rizing the ha	andling of he terms a	f procedu								u)	N				
[5) If subscribing to au Money Activity Plan	I agree that KDDI, providing this offer third parties in acc	r may mutua	ally provide	e the cust	tomer's	's perso	onal infor	rmation (ncluding	usage his	story, e						
Г	Contract	Address															Seal	
	(Name (Signature																
	(mandator)	Contact	()		-				Date o	of birth				/	/	(mm/	dd/yyy
	Representative	Address																
	(mandatary)	Name Contact	()		_												
	Entry column							Ν	lotes fo	r filling i	in colum	nn						
)	Date	Fill in the date	you created	the Pow	er of Atto	torney.	·.			_								
	The phone number to be delegated	Fill in the au/UQ mobile phone number you authorize the representative to handle procedures for.																
2)	Procedures to be delegated	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 * If you request a procedures associated with lump sum payment, circle "Other" and enter "Procedures associated with lump sum payment.																
		%If you request a procedures associated with lump sum payment, circle "Other" and enter "Procedures associated with lump sum payment." If you agree to items 1) through 3) specified in "Important Information on au and UQ mobile Communication Services," item 4) specified in " [For																
3		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.																
		 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." If you are authorizing the handling of procedures for the use of 5G services, 																
	Consent	 a) If you are autorizing the handling of procedures for the use of services, read and agree to the terms and conditions of "About the Communication Control Function." a) If you are authorizing the handling of procedures for signing up for a plan subject to the communication identification function with au (check not 																
	5G service/ LTE service/ Communication identification function	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 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." 																
		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																
		providing this offer will mutually provide the customer's personal information (including usage history, etc.) to third parties in accordance with the " Money Activity Plan Benefit Provision Terms and Conditions."																
		No need to fi For consent a between form	as a recipie	ent (succe											s for au se	ervices et	c./Form for	r transfe
-	Contract holder	Enter the address, name, contact information and date of birth of the contract holder with This document must be signed and sealed in person by the contract holder (mandator)										h his/he	er seal (※).				
	(mandator)	K This docume									nandator	r).						
4		※ If the contract																
			ess, name a							himself/	herself.							
Ð	Bonrosontetivo	 % If the contract Enter the address Make sure the work % Only a family an adult.) 	ess, name a information member ca	is entere an be the	ed by the e represe	e contra entative	ract hol /e to wh	lder (ma hom this	andator) s proced	ure is de	elegated		0					e guard
Ð	Representative (mandatary)	 ※ If the contract Enter the address Make sure the work ※Only a family 	ess, name a information member ca mily membe sentative ha	i is entere can be the er" is as fo as the san	ed by the e represe ollows. If me last n	e contra entative f none name a	ract hol ve to wh e of the and ade	Ider (ma hom this (1~3) Idress a	andator) s proced below is s the co	ure is de application atract ho	elegated ble, you Ider	need to	o preser	nt a cer	tificate of	family rel	ationship.	J