

## Power of Attorney

Address  
(Agent)  
Name

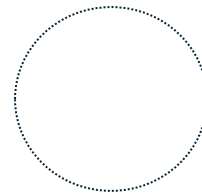
I hereby appoint the above-named person as my agent and authorize him/her to act on my behalf in relation to the matter set out below.

1. All matters relating to the following requests concerning the retained personal data held by Neupharma Co., Ltd.

- |   |   |
|---|---|
| <input type="checkbox"/> Notification of purpose of use | <input type="checkbox"/> Deletion                                 |
| <input type="checkbox"/> Disclosure                     | <input type="checkbox"/> Suspension of use                        |
| <input type="checkbox"/> Correction                     | <input type="checkbox"/> Erasure                                  |
| <input type="checkbox"/> Addition                       | <input type="checkbox"/> Suspension of provision to third parties |

(Please tick the relevant box)

Address  
(Principal)  
Name



Registered Seal