

Date:____/____/_____

Chief Privacy Officer
Relia, Inc.

(Representative)

Address

Name _____

NB: Please stamp a registered seal if a seal has been registered

Authorization Letter

I hereby appoint the following person to act as my representative and authorize such person to request disclosure, etc. of my personal information retained by Relia.

(Representative)

Name _____ Relationship to Individual Concerned ()

Address

Phone Number _____