

# Letter of Attorney [Examples and Notes]

**[Please be sure to read the following instruction.]**

- This Letter of Attorney is to be completed fully by the subscriber. If information on this form is found to be false, the mobile phone service may be suspended or the contract may be cancelled.
- Please be sure to enter the contact phone number thoroughly since the subscriber (trustor) may be contacted for confirmation at the time of application.
- For new subscriptions in an individual name, payment of monthly usage charges (including installment payments) is to be made by automatic bank account transfer or credit card belonging to the subscriber, a legal parent, or a family member of the subscriber.
- For some procedures such as a new subscription, requests made by a representative other than a family member of the subscriber or legal parent may not be accepted.

2 **Please select all of the procedures you authorize.**  
 • Please enter the specific contents when you select "Other".  
 • Please select "Do not authorize any procedure in this section" if you do not authorize any procedure.

1 **Please enter the date you complete this form.**  
 • When the submission of this form is later than the end of the third months from the entry date, it is necessary to rewrite and submit this form again.

3 **All the d POINTs will disappear when requesting the cancellation of the contract or transfer of the subscription without holding a d ACCOUNT.** For saving the points even after this procedure, it is necessary to set up a d ACCOUNT.  
 • If the person who will be registered for d POINT user cannot visit the docomo shop, the "Letter of Consent for d POINT CLUB Application/d POINTS User Registration" will be required additionally.

1 Entry Date: (Year) **2018** (Month) **9** (Day) **1<sup>st</sup>**  
 (Valid until the end of the third month from the entry date)

Requested Procedure	Common Procedures	<input checked="" type="checkbox"/> Set a d ACCOUNT in agreement with the d ACCOUNT Terms <input type="checkbox"/> Register the d POINT user information (register of d POINT Card) <input type="checkbox"/> Other ( ) <input type="checkbox"/> Do not authorize any procedure in this section
	Mobile Phone	[Mobile Phone Number] <b>0 9 0 - 1234 - ××××</b> <input checked="" type="checkbox"/> New Subscription( <b>1</b> lines) <input type="checkbox"/> Transfer of Subscription +d POINT CLUB Application <input type="checkbox"/> Cancellation of Contract <input type="checkbox"/> Other ( ) <input checked="" type="checkbox"/> Apply for docomo installment payment option* (12 payments/24 payments/ <b>36</b> payments) *Installment payment for "a product more than ¥100,000 (incl. tax)" or "accessories only": (Use / Do not use) <input type="checkbox"/> Purchase in one-time payment <input checked="" type="checkbox"/> Use points ( <b>1,000</b> points) <input checked="" type="checkbox"/> Use the Trade Program/Sumaho Okaeshi Program/Itsudemo Kaedoki Program (Model and Color) <b>iPhone7 Gold</b> <input type="checkbox"/> Do not authorize any procedure in this section
	docomo Hikari	[Customer Number] <b>CAF (COP) 012345××××</b> <input type="checkbox"/> New Subscription <input type="checkbox"/> Relocation <input type="checkbox"/> Transfer of Subscription <input type="checkbox"/> Cancellation of Contract <input type="checkbox"/> Other ( ) <input checked="" type="checkbox"/> Set or change the pairing of a mobile phone number with docomo Hikari (the paired line) ([Mobile Phone Number] <b>090-1234-××××</b> ) <input type="checkbox"/> Do not authorize any procedure in this section

4 **For a new subscription, this item is not required.**

5 **The grantor's presence at the store is required when changing the name of the subscriber and carrying over some services or setting information, except when the grantee is currently registered as the user of the line.**  
 • d POINTs user's name, gender and date of birth registration is required when applying for d POINT CLUB. If the d POINTs user is other than the subscriber and unable to visit a shop in person, it is necessary to submit additionally the Letter of Consent for d POINT CLUB Application/d POINTS User Registration.  
 • Please state on Remarks space if you do not wish to apply for d POINT CLUB or if you wish to apply for it alone or along with procedures other than new subscription, change of phone model or transfer of subscription.

10 **For a new subscription, this item is not required.**  
 • Please enter the paired mobile phone number with docomo Hikari when you select "Other"  
 • For docomo Hikari contract (no paired line) procedure, please enter one of the following information: Customer ID (13-digit number starting from CAF or 11-digit number starting from COP), docomo Hikari landline phone number or the other phone number.  
 • For a new docomo Hikari subscription pairing with an existing docomo mobile phone contract, please enter the mobile phone number in "Mobile Phone Number".

7 **If you apply for the "Sumaho Okaeshi Program" or "Itsudemo Kaedoki Program" and wish to pay for the accessories in installments, please select "Use" even if the product is less than 100,000 yen (including tax).**  
 8 **Please enter the number of points if you wish to use it to purchase a new mobile phone.**  
 9 **Please be sure to enter the model name and color of the applicable device when you wish to use either program.**

6 **Please select**  
 • 36 times for "Sumaho Okaeshi Program"  
 • 24 times for "Itsudemo Kaedoki Program"

11 **For newly setting or changing the paired line, please enter the mobile phone number.**  
 (In case of change, please enter the new mobile phone number that you wish to set as the paired line.)

Subscriber (Trustor)	Name	<b>Taro Docomo</b>	Seal	Date of Birth	(Year) <b>19××</b> (Month) <b>APR</b> (Day) <b>1<sup>st</sup></b>
	Address	〒 <b>123 - 4567</b> <b>Tokyo, Chiyoda-ku ●-●, Docomo Apartment 101</b>		Contact Phone number	<b>03 - 1234 - ××××</b>

12 **Please enter the subscriber's information.**  
 \*All the items should be filled out.

13 **If the name is handwritten by the subscriber, a seal is not necessary.**  
 \* If the name is entered with a rubber stamp, a seal is required.

Representative (Trustee)	Name	<b>Hanako Docomo</b>	Date of Birth	(Year) <b>20××</b> (Month) <b>AUG</b> (Day) <b>1<sup>st</sup></b>
	Address	〒 <b>123 - 4567</b> <b>Tokyo, Chiyoda-ku, ●-● Docomo Apartment 101</b>		Contact Phone number

14 **Please enter the representative's (trustee) information.**  
 (This section is to be completed by the subscriber.)  
 \*All the items should be filled out.

Please check the consent terms on the application for d POINT CLUB below.

d POINT CLUB website		DOCOMO website	
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# Letter of Attorney

Entry Date: (Year) (Month) (Day)

(Valid until the end of the third month from the entry date)

I, subscriber (trustor) hereby give the representative (trustee) below my complete authority associated with applications below in regard to 5G service, Xi service, FOMA service, international calling service, docomo Hikari service, handset purchase and others.

◆ This Letter of Attorney is to be completed by the subscriber. (Please mark  all the boxes of the procedures you give authority for.)

Requested Procedure	Common Procedures	<input type="checkbox"/> Set a d ACCOUNT in agreement with the d ACCOUNT Terms* <sup>1</sup> <input type="checkbox"/> Register the d POINT user information (register of d POINT Card) <input type="checkbox"/> Other ( ) <input type="checkbox"/> Do not authorize any procedure in this section		
	Mobile Phone	[Mobile Phone Number] 0 0 - -	<input type="checkbox"/> New Subscription ( lines)+d POINT CLUB Application* <sup>2</sup> <input type="checkbox"/> Change of Phone Model+d POINT CLUB Application* <sup>2</sup> <input type="checkbox"/> Transfer of Subscription+d POINT CLUB Application* <sup>2</sup> <input type="checkbox"/> Cancellation of Contract <input type="checkbox"/> Other ( ) <input type="checkbox"/> Apply for DOCOMO installment payment option* (12 payments/24 payments/36 payments)* <sup>3</sup> *Installment payment for "a product more than ¥100,000 (incl. tax)" or "accessories only": (Use / Do not use)* <sup>4</sup> <input type="checkbox"/> Purchase in one-time payment <input type="checkbox"/> Use points ( points)* <sup>4</sup> <input type="checkbox"/> Use the Trade-in Program/Sumaho Okaeshi Program/Itsudemo Kaedoki Program ([Model and Color] ) <input type="checkbox"/> Do not authorize any procedure in this section	
	docomo Hikari	[Customer Number]	<input type="checkbox"/> New Subscription <input type="checkbox"/> Relocation <input type="checkbox"/> Transfer of Subscription <input type="checkbox"/> Cancellation of Contract <input type="checkbox"/> Other ( ) <input type="checkbox"/> Set or change the pairing of a mobile phone number with docomo Hikari (the paired line) ([Mobile Phone Number] ) <input type="checkbox"/> Do not authorize any procedure in this section	
Remarks				

Subscriber (Trustor)	Name		(Seal)	Date of Birth	(Year) (Month) (Day)
	Address	〒		Contact Phone Number	

Representative (Trustee)	Name		Date of Birth	(Year) (Month) (Day)
	Address	〒		Contact Phone Number

\*1 Please be careful in handling your d ACCOUNT information after setting up, for this information can authorize its user to apply for procedures such as requesting the issuance of the itemized bills and other services. Please check the "d ACCOUNT portal site" and get more detailed information regarding d ACCOUNT.

\*2 We consider that d POINT CLUB Membership Terms and Consent on Handling Personal Data Agreement are accepted at the time of your d POINT CLUB application. For more details, please check at d POINT CLUB website or DOCOMO website by using QR code stated on Examples and Notes. Corporate customers are required to join DOCOMO Business Members.

\*3 If you newly choose DOCOMO installment payment option, or if you take over a transferred contract with the installment payment option, your payment method must be by bank account transfer or credit card. Furthermore, your personal credit information will be inquired and provided to Credit Information Agencies designated by the Ministry of Economy, Trade and Industry. If the subscriber's payment is delayed, applications for credit, loans, etc. may be denied.

\*4 If the subscription is in an individual's name and DOCOMO installment payment is used to purchase a product costing more than ¥100,000 (incl. tax) or accessories only, you are considered to agree that DOCOMO will confirm the information required for the screening process (size of family, whether living together, income/loan status, payment of home loan/rent).

◆ This Letter of Attorney is to be returned with a copy of the application form after this application is completed. Please check over the copy if there is no discrepancy with the contents of this procedure.

[If the requested procedure is to be made by a representative (trustee), please be sure to prepare the following items in addition to the Letter of Attorney (this form).]	
① Official identification document of the subscriber (trustor)	
② Official identification document of the representative (trustee) (Please visit the DOCOMO website to confirm if additional documents are necessary)	
③ Official identification document proving the relationship as a family member of the subscriber (trustor) (Required for a new subscription in an individual name or using DOCOMO installment payment along with a change of mobile phone model or contract type)	

For details on necessary documents for applications, services, terms and conditions, etc., please visit the DOCOMO website. ● From docomo Feature Phone (i-mode) iMenu▶ト^JFE HP(DOCOMO website) ● From a smartphone, docomo Feature Phone (sp-mode) or PC www.nttdocomo.co.jp/english	弊 社 使 用 欄	【受付店名・連絡先】 For Office Use Only	【確認者欄】 For Office Use Only
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