## **POWER OF ATTORNEY**

The undersigned does hereby certify that the following person is duly elected and qualified as a lawful attorney-in-fact on behalf of the undersigned to make the following request concerning personal information:

following request concerning personal information:
(Attorney-in-fact) Name:
Address:
Date of birth (Month, Date, Year):
Check the relevant request:>      Request for Disclosure     Request for Amendment     Request for Discontinuance of Usage     Request for Erasure  The undersigned has executed this Power of Attorney as of (Month, Date, Year).
Name: (stamp registered seal)
Address:
Note:  (1) If you (the undersigned) authorize the attorney-in-fact to receive a response from CE, you must clearly write on this Power of Attorney form to the effect that "the undersigned authorizes the attorney-in-fact to receive the response to the request from CE." Absent such a statement, CE will send the response directly to you.  (2) Please leave columns marked with * blank.

\*Control No.

PE-