

Letter of Attorney 【Examples and Notes (Corporate Subscribers)】

[Please be sure to read the following instruction.]

• This Letter of Attorney is to be completed fully by the company representative or the personnel from the department in charge of the mobile phones and the mobile phone connections etc.. 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 information thoroughly since the contact phone number may be used for confirmation at the time of application.

[Please be sure to prepare the following documents other than this form.]

1. Certified Copy of Commercial Registration (or certified extract) (Tokibo Tohon/Shohon) or Seal Registration Certificate (Inkan Shomeisyo)
2. Official identification document of the representative (trustee)

(Please visit the DOCOMO website to confirm if additional documents are necessary.)

•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.

• Please enter the date you complete this form.

• When the submission of this form is later than the end of the third month from the entry date, it is necessary to rewrite and submit this form again.

3 • This is for applying for setting a Business d ACCOUNT. You will be applying in agreement with the terms of Business d ACCOUNT.
 • Registration of d POINT User information is not applicable.

1 Entry Date (Year) 20xx (Month) 9 (Day) 1st
 (Valid until the end of the third month from the entry date)

2 Common procedure
 Set a d ACCOUNT in agreement with the d ACCOUNT Terms¹
 Register the d POINT user information (register of d POINT Card)
 Other () Do not authorize any procedure in this section

4 • Fill in the cellphone number for the procedure. In case of new contract, it is not needed.
 • When applying for procedures (such as upgrade of device, etc.) across several lines, please prepare a List of Phone Lines. When doing so, write only the main line phone number in the power of attorney, and write all of the numbers, including the main number, in the List of Phone Lines.
 • If you have a List of Phone Lines, please check on [Yes] and write the amount of phone lines.

2 Mobile Phone
 [Mobile Phone Number] 0 9 0 - 1234 - xxxx
 [Do you have a List of Phone Lines?] Yes (lines) • No

2 Mobile Phone
 New Subscription (1 lines)+d POINT CLUB Application² Change of Phone Model+d POINT CLUB Application³
 Transfer of Subscription+d POINT CLUB Application⁴ Cancellation of Contract Other ()
 Apply for DOCOMO installment payment option* (12 payments/24 payments/36 payments)
 *Installment payment for "a product more than ¥100,000 (incl. tax)" or "accessories only": (Use/Do not use)
 Purchase in one-time payment Use points (1,000 points)
 Use the Trade-in Program /Sumaho Okaeshi Program/Itsudemo Kaedoki Program /"Itsudemo Kaedoki Program Plus" for compatible devices ([Model and Color] iPhone7 Gold)
 Procedures regarding malfunctions Do not authorize any procedure in this section

5 • This is for applying for DOCOMO Business Members. Please state on Remarks space if you do not wish to apply for DOCOMO Business Members 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.
 • All the points will be discarded when requesting the cancellation of the contract or transfer of subscription to an individual name. The points cannot be carried over while changing the ownership of a subscription.

10 docomo Hikari
 [Customer Number] CAF (COP) 012345xxxx
 New Subscription Relocation Transfer of Subscription Cancellation of Contract
 Other ()
 Set or change the pairing of a mobile phone number with docomo Hikari (the paired line)
 ([Mobile Phone Number] 090-1234-xxxx) Do not authorize any procedure in this section

6 Please select
 • 36 times for "Sumaho Okaeshi Program"
 • 24 times for "Itsudemo Kaedoki Program" or "Itsudemo Kaedoki Program Plus" for compatible devices

10 docomo Denki
 [Customer Number] _____
 New Subscription Relocation Transfer of Subscription Cancellation of Contract
 Other ()
 Set or change the pairing of a mobile phone number with docomo Denki (the paired line)
 ([Mobile Phone Number] _____) Do not authorize any procedure in this section

7 • It is no need to select any option for "Installment payment for a product more than ¥100,000 (incl. tax) or accessories only".

11 docomo Hikari
 [Customer Number] _____
 New Subscription Relocation Transfer of Subscription Cancellation of Contract
 Other ()
 Set or change the pairing of a mobile phone number with docomo Hikari (the paired line)
 ([Mobile Phone Number] _____) Do not authorize any procedure in this section

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".

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.

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.)

12 Subscriber (Trustor)
 Name Docomo Corporation (Seal)
 Address 〒123 - 4567 Tokyo, Chiyoda-ku ●-●, Docomo Building
 Date of Birth (Year) (Month) (Day)
 Contact Phone number 03 - 1234 - xxxx

12 • Please enter the subscriber's information.
 *All the items should be filled out excepting date of birth

13 • Please be sure to put the company seal.

14 • "Date of Birth" is not required.

15 Representative (Trustee)
 Name Hanako Docomo
 Address 〒123 - 4567 Tokyo, Chiyoda-ku, ●-● Docomo Apartment 101
 Date of Birth (Year) 20xx (Month) AUG (Day) 1st
 Contact Phone number 03 - 1234 - xxxx

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

Letter of Attorney

Entry	(Year)	(Month)	(Day)
Date	(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, docomo Denki 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 Procedure	<input type="checkbox"/> Set a d ACCOUNT in agreement with the d ACCOUNT Terms*1 <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 - -
		[Do you have a List of Phone Lines?]	Yes (lines) · No
		<input type="checkbox"/> New Subscription (lines)+d POINT CLUB Application*2 <input type="checkbox"/> Change of Phone Model+d POINT CLUB Application*2 <input type="checkbox"/> Transfer of Subscription+d POINT CLUB Application*2 <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)*3*Installment payment for "a product more than ¥100,000 (incl. tax)" or "accessories only": (Use / Do not use)*4 <input type="checkbox"/> Purchase in one-time payment <input type="checkbox"/> Use points (points)*4 <input type="checkbox"/> Use the Trade-in Program/Sumaho Okaeshi Program/Itsudemo Kaedoki Program/"Itsudemo Kaedoki Program Plus" for compatible devices (Model and Color) <input type="checkbox"/> Procedures regarding malfunctions <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	
docomo Denki	[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 Denki (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	〒	

*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 ▶ 11 HP(DOCOMO website) ● From a smartphone, docomo Feature Phone (sp-mode) or PC www.nttdocomo.co.jp/english	 弊社 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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