

Year/Month/Date _____

委任対象申込書番号
※取扱店記入欄

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To SoftBank Mobile Corp.

Power of Attorney

I, Subscriber, hereby designate the below person as my attorney-in-fact and authorize him/her to conduct the procedures for the Authorized Items specified below relating to SoftBank's mobile phone on behalf of myself.

Applicable SoftBank mobile phone number:	0		0	-															
Authorized Items	<input type="checkbox"/> Installment Contract																		
	<input type="checkbox"/> Conclusion of Purchase Contract for a Mobile Phone (Changing Models)																		
	<input type="checkbox"/> Change of Registered Information <input type="checkbox"/> Cancellation of Contract																		
	<input type="checkbox"/> Handset Repair Service (S!FeliCa compatible models)																		
	<input type="checkbox"/> Application for SoftBank Consolidated Billing Service																		
	<input type="checkbox"/> Use of SoftBank Points																		
	<input type="checkbox"/> Other(_____)																		

- ※Please check all the brackets that apply. If Other is checked, the item Subscriber authorizes needs to be specified in detail.
- ※Changing Models means that existing customers purchase additional handsets.
- ※Installment Contract means (i) an installment contract for purchase of a mobile phone or (ii) the third-party credit contract for purchase of a mobile phone in accordance with the third party sales credit policy for each commodity.
- ※Authorization of Double Number Service cancellation by B line subscriber includes the authorization for the receipt of a USIM card for B line.
- ※Please be sure to obtain the consent from all of the users/owners within the same billing account, before using shared SoftBank points.

Subscriber	Address	
	Contact Phone No.	
	Name	Date Of Birth (YYYY/MM/DD)
	Signature	

Attorney-in-Fact	Address	
	Contact Phone No.	
	Name	
	Relationship to the Subscriber	

Notes:

- 1) Be sure to complete this form in Subscriber's original handwriting.
- 2) Attorney-in-Fact with respect to the contracts for individuals must be a Subscriber's family member.
 ※Non-family member may be an Attorney-in-Fact regarding a repair service of the S!FeliCa compatible handsets.
 (Power of Attorney is not required for a repair service of S!FeliCa Non-compatible mobels.)
- 3) Attorney-in-Fact needs to submit his/her own ID document (as well as the evidence of family relationship to Subscriber).
 ※The evidence of family relationship means the documents that prove the family relationship to Subscriber such as a health insurance card, the official certificate of registered matters.
- 4) Please note that some processes (new contracts, transfer, change for itemized billing statements, PIN code change, etc.) cannot be authorized to Attorney-in-Fact. As for an exception, in case of application for a new contract with the application of Heart Friend Discount or using a disability certificate as an ID document, only if Subscriber has difficulties coming to a shop, application for such new contract by Attorney-in-Fact is permitted.

I, the attorney-in-fact, represent and warrant that I am duly authorized by the subscriber to fillout the subscriber's information.	
[Signature of Attorney-in-Fact]	[Contact Phone Number]
【販売店使用欄】	電話確認: _____ 架電確認担当スタッフ名: _____
月 日 時 分頃	
【弊社使用欄】	