Date:

To: Kakaku.com, Inc.

POWER OF ATTORNEY

I hereby authorize the agent below to submit the application regarding the request for disclosure, etc., of my personal information.

AGENT

Agent Name (Printed): _____

Signature: _____

Address: _____

Phone Number **(incl. country code)**: _____

PRINCIPAL

Principal Name (Printed): _____

Signature: _____

Address: _____

Phone Number **(incl. country code)**: _____