

Waseda university Co-op

## Power of Attorney

Name of the mandator (委任者・出資金の本人)

Date of birth (yy) (mm) (dd)

Phone(電話)

Email (メール)

Faculty or your major (学部または専攻)

Date of signature (日付) (yy) (mm) (dd)

I, name( ) empower the following person to receive my Waseda university co-op share capital to Waseda University Co-operative on my behalf.

Name of the attorney (代理人氏名)

Date of birth (yy) (mm) (dd)

Phone(電話)

Email (メール)

Faculty or your major (学部または専攻)

Please note that when submitting be sure to bring certificates mentioned below.

- 1) Mandator's co-op membership card(Original)
- 2) One of photocopy of mandator's ID such as Waseda student card, Residence card, Passport, Health insurance card, or Driver's license
- 3) One of original of attorney's ID such as Waseda student card, Residence card, Passport, Health insurance card, or Driver's license