

(Form 4)

Date: \_\_\_\_\_, \_\_\_\_\_

## Power of Attorney

I, the Principal, hereby delegates authority  
concerning \_\_\_\_\_ in relation with  
KIOXIA Iwate Corporation to the Agent. (Note)

Principal

Address

Name (signed)

Seal

Phone

Agent

Address

Name

Phone

(Note) In the underlined part above, enter the applicable item selected from the following:  
disclosure of personal information / notification of the utilization purpose of personal  
information / correction of personal information / addition of personal information /  
deletion of personal information / cease of utilization of personal information / cease of  
a third-party provision of personal information