| Year | Month | Date | |
|------|-----------|----------|--|
| | | | |
| | | | |

Power of Attorney

| hereby assign to the | Agent matters | in connection with | |
|------------------------|---------------|--------------------|-------------------|
| nt Kioxia Corporation. | | | (See the note.) |
| | | | |
| | | | |
| | | | |
| | Assignor | Postal address | |
| | | Name (signature) | |
| | | Telephone number | Please stamp here |
| | Agent | Postal address | |

Note: Please select the applicable item from the list below and write it in the underlined area above. Disclosure or Personal Information, Notice of purpose of use of Personal Information, Correction of Personal Information, Addition of Personal Information, Deletion of Personal Information, Cessation of use of Personal Information, Cessation of Personal Information to third parties

Name

Telephone number