

**Personal Information Disclosure Request**

In compliance with Article 29 of the Act on the Protection of Personal Information, I kindly request the following disclosure of personal information.

Date of request	
Address	
Name	[Seal]
Phone number	
FAX number	
E-mail address	
Relationship with our company	<input type="checkbox"/> Customer (Your subscription or the name of the product you purchased: ) <input type="checkbox"/> Executive or staff of our client Company/organization name: Related department/office/branch: <input type="checkbox"/> Staff (Staff No.: ) <input type="checkbox"/> Retired staff (Last staff No. and department/office/branch: )  <input type="checkbox"/> Other Please specify:
Request	<input type="checkbox"/> Notification of purpose of use <input type="checkbox"/> Disclosure <input type="checkbox"/> Correction/addition/removal <input type="checkbox"/> Suspension or deletion <input type="checkbox"/> Refusal of provision to a third party
Description of request	
Reason for request	(The reason why you think that we hold the information requested)

<Notes>

1. Please attach a copy of the issuer's identity verification document (health insurance card, driver's license, etc.).
2. If you are issuing this request on behalf of the issuer, please attach (1) a copy of an identity verification document of the issuer and the representative and (2) a letter of proxy.
3. A written response will be mailed to the address indicated on the issuer's identity verification document via certified mail with delivery restricted the addressee (exceptional letter).
4. Personal information provided in this request form will be only used to the extent necessary for disclosure etc.
5. If there is a high possibility that we do not keep the issuer's personal information and if there is a possibility that our group company is holding the information after investigation, we may provide the above information to the company for investigation purposes.