

To: Cocone Corporation, Personal Information Disclosure Request Support Desk

Retained Personal Data Revision Request

Pursuant to the provisions of Article 34, Paragraph 1 of the Act on the Protection of Personal Information, I request a revision of retained personal data as described below.

1. Requester Information

Request date: _____ (YYYY/MM/DD)

Requesting Party	*Please check (✓) the applicable boxes.	
	<input type="checkbox"/> Self <input type="checkbox"/> Representative	
Individual's name, address, date of birth, phone number, email address	Name	<div style="text-align: right;">Seal</div> (YYYY/MM/DD)
	D.O.B.	
	Address	Postal Code Phone () Email @
Representative's name, address, date of birth, phone number, email address (Only fill in this section if a representative is making the request)	Name	<div style="text-align: right;">Seal</div> (YYYY/MM/DD)
	D.O.B.	
	Address	Postal Code Phone () Email @

2. Identity Verification Method (Please check (✓) the box of your selected method of

verification)

(1) Identity verification document of the requester or representative (A copy of one of the following)

<input type="checkbox"/> Driver's License <input type="checkbox"/> Health Insurance Card <input type="checkbox"/> Passport <input type="checkbox"/> My Number Card <input type="checkbox"/> Basic Resident Registration Card <input type="checkbox"/> Alien Registration Certificate (Residence Card, Special Permanent Resident Certificate)
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(2) Power of attorney confirmation document (Only fill in this section if a representative is making the request)

<p>A. Legal representatives (A copy of one of the following)</p> <p><input type="checkbox"/> Family Register <input type="checkbox"/> Abstract of Family Register <input type="checkbox"/> Certificate of Registered Information for Adults Under Guardianship <input type="checkbox"/> Other ()</p> <p>B. Voluntary representatives (Both of the following)</p> <p><input type="checkbox"/> Letter of attorney (Affixed with the authorizing person's signature and seal)</p> <p><input type="checkbox"/> The authorizing person's seal affixed to the letter of attorney, along with a registration certificate containing the seal's imprint</p> <p>C. Attorneys, judicial scriveners, administrative scriveners, or others qualified to serve as a representative</p> <p><input type="checkbox"/> Document(s) verifying such qualification (Registration number, seal registration certificate of an official seal)</p>
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3. Request Details

Request Type	*Please check (✓) the applicable boxes. <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Deletion
Reason for Request	*Please check (✓) the applicable boxes. <input type="checkbox"/> The personal information held by the company is different from the truth. <input type="checkbox"/> Other ()

4. Preferred Means of Response (*Please check (✓) the applicable boxes.)

