

To: Cocone Corporation, Personal Information Disclosure Request Support Desk

Purpose of Use Notification Request

Pursuant to Article 32, Paragraph 2 of the Act on the Protection of Personal Information, I request to be notified on the purpose of the use of retained personal data.

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 D.O.B. (YYYY/MM/DD)	Seal
	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 D.O.B. (YYYY/MM/DD)	Seal
	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)

- Driver's License Health Insurance Card Passport My Number Card
- Basic Resident Registration Card Alien Registration Certificate (Residence Card, Special Permanent Resident Certificate)

(2) Power of attorney confirmation document (Only fill in this section if a representative is making the request)

A. Legal representatives (A copy of one of the following)

- Family Register Abstract of Family Register Certificate of Registered Information for Adults Under Guardianship Other ()

B. Voluntary representatives (Both of the following)

- Letter of attorney (Affixed with the authorizing person's signature and seal)
- The authorizing person's seal affixed to the letter of attorney, along with a registration certificate containing the seal's imprint

C. Attorneys, judicial scriveners, administrative scriveners, or others qualified to serve as a representative

- Document(s) verifying such qualification (Registration number, seal registration certificate of an official seal)

3. Retained personal data requested for purpose of use notification

*Specify the personal data for which you are requesting a purpose of use notification in as much detail as possible.

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

- Paper document
 - Mail Other []
- Electronic record
 - Email Other []

Other ()

*Please indicate specifically your preferred method of response.

5. Please state your relationship to the requestor and the necessity of the request when making a request, such as disclosure of a deceased person's retained personal data.

(Only fill in this section when making a retained data disclosure request of a deceased person.)

*Please submit one of the following documentations clearly stating your relationship to the deceased individual.

Family Register Abstract of Family Register

Other [])

*Please understand that in some cases, you may be asked to submit documentation evidencing the necessity of your retained data disclosure request of a deceased individual.