

To: Cocone Corporation, Personal Information Disclosure Request Support Desk

## Retained Personal Data Disclosure Request

Pursuant to Article 33, Paragraph 1 of the Act on the Protection of Personal Information, I request the disclosure 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 D.O.B.	Seal (YYYY/MM/DD)
	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.	Seal (YYYY/MM/DD)
	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. Content of retained personal data requested for disclosure

\*Specify the requested information, time period, etc. in as much detail as possible.

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

- Paper document
  - In-person viewing  Mail  Other [ ]
- Electronic record
  - CD-ROM, etc.  Email  Other [ ]

Other ( \_\_\_\_\_ )

\*Please indicate specifically your preferred method of disclosure.

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.