

To: SUGI BEE GARDEN CO., LTD.
 CRM Department

Personal Information Disclosure Request Form

Pursuant to the provisions of Act on the Protection of Personal Information, I hereby request that you disclose personal information retained by your company in relation to the following person.

Request Date: YYYY MM DD

Covered Person <small>(Personal information to which disclosure request pertains)</small>	Full Name	Registered seal	Contact number		
	Address				
	Email				
Official Identification Document	<input type="checkbox"/> Copy of Identity Document (Driver's License, Passport, Health Insurance Card, or other) <input type="checkbox"/> Seal Registration Certificate of Identity				
Agent	Full Name	Registered seal	Contact number		
	Address				
	Email				
Identification documents of the agent	<input type="checkbox"/> Letter of attorney (Free format. Signature, registered seal, and address of the covered person and the name and address of the agent are required.) <input type="checkbox"/> If the agent is a legal representative of a minor: A copy of any of the following: Certified copy of Family Register, Resident Certificate (with relationship listed), any other official document that can certify the legal agency right. <input type="checkbox"/> If the agent is a legal representative of an adult ward: A copy of either a certificate of registered information for guardianship registration, or any other official document which can certify the legal agency right.				

Request Details

Items Requested to be disclosed