Date of request:

To Comscantecno Co., Ltd.

Request for Suspension of Use of the Personal Information and etc.

I hereby make a request as follows in accordance with the Act on the Protection of Personal Information.

1. Request details

Request details * Please put a check mark on or fill in the items.	☐ Suspension of use ☐ Elimination ☐ suspension of provision to a third party – Items to which suspension of use, elimination or suspension of provision to a third party is requested (e.g. suspension of distribution of email, elimination of email address, and etc.): – Reason for requesting suspension of use, elimination or suspension of provision to a third party:

2. Information on the Principal (Subject of disclosure)

Name	
Address	
Email address	
Personal identification documents to be submitted	☐ Copy of driving license ☐ Copy of passport ☐ Copy of health insurance card ☐ Copy of residence card ☐ Others ( )

3. Information on the agent (to be completed only if requested by the agent)

Name	
Address	
Telephone number	( ) —
Email address	
Relationship with the principal	☐ a statutory agent ☐ person delegated by the principal
Personal identification documents of the agent to be submitted	☐ Copy of driving license ☐ Copy of passport ☐ Copy of health insurance card ☐ Copy of residence card ☐ Others ( )
Identification documents for authority of agent to be submitted	☐ In the case of a statutory agent: a document confirming the authority of statutory agent (an excerpt of the family register or the resident certificate containing the relationship) ☐ In the case of a person other than a statutory agent, a power of attorney and a seal certification

* Personal information stated in this letter request and personal identification documents will be used only for suspension of use, elimination or suspension of provision of the personal information to a third party.