

# Power of Attorney for Disclosure of Personal Information

Year   Month   Date

(Mandator)

Zip code                    -

Address \_\_\_\_\_

Name \_\_\_\_\_

Stamp \_\_\_\_\_

Phone number \_\_\_\_\_

I appoint the following person as my representative and delegate to him/her the authority to request disclosure, etc. (notification of purpose of use, disclosure, correction, addition or deletion of content, or suspension of provision to a third party) of my personal information held by Sinanen Zeomic Co., Ltd.

## Details

(Representative)

Zip code                    -

Address \_\_\_\_\_

Name \_\_\_\_\_

Stamp \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship with the mandator \_\_\_\_\_

End