

# PERSONAL INFORMATION DISCLOSURE REQUEST FORM

REQUEST DATE	Date    Month    Year
FULL NAME	<div style="float:right;"> <input type="checkbox"/> Principal  <input type="checkbox"/> Representative            *Please check the appropriate box         </div>
REQUESTER'S ADDRESS	_____
FULL NAME OF THE INFORMATION REQUESTER	<input type="checkbox"/> Supervisor <input type="checkbox"/> Other ( Full name: _____ ) <small>* Please check the appropriate box</small>
REQUEST TYPE	<div style="display:flex; justify-content:space-between;"> <span><input type="checkbox"/> Tiết lộ</span> <span><input type="checkbox"/> Chính sửa (Chính sửa ▪ Thêm ▪ Xóa)</span> </div> <div style="display:flex; justify-content:space-between;"> <span><input type="checkbox"/> Ngừng sử dụng (Ngừng ▪ Xóa)</span> <span><input type="checkbox"/> Thông báo mục đích sử dụng</span> </div> <small>* Hãy check vào ô thích hợp</small>  <small>* Chúng tôi không thu bất kỳ khoản phí dịch vụ nào cho vấn đề này, ngoại trừ các chi phí phát sinh thực tế.</small>
ADJUSTMENT ITEM ※ Please fill in only if a modification is requested	BEFORE ADJUSTMENT
	AFTER ADJUSTMENT
CONFIRMATION DOCUMENT WHEN THE REQUESTER IS THE OWNER	<input type="checkbox"/> Notarized document copy  <hr/> Please attach one of the following documents <ul style="list-style-type: none"> <li>• Copy of Citizen Identification Card</li> <li>• Copy of Passport</li> <li>• Copy of Driver's License</li> </ul>
CONFIRMATION DOCUMENT WHEN THE REQUESTER IS A REPRESENTATIVE	<div>( 1 ) If you are a legal representative, please provide the following two documents</div> <div style="margin-left: 20px;"> <input type="checkbox"/> One notarized copy proving the authority of the legal representative  <input type="checkbox"/> One of the following documents to verify the identity of the legal representative             <ul style="list-style-type: none"> <li>▪ Copy of Citizen Identification Card</li> <li>▪ Copy of Passport</li> <li>▪ Copy of Driver's License</li> </ul> </div> <hr/> <div>( 2 ) If you are an authorized representative, please provide the following two documents</div> <div style="margin-left: 20px;"> <input type="checkbox"/> One copy of the original power of attorney with the owner's signature and seal  <input type="checkbox"/> One of the following documents to verify the identity of the authorized representative             <ul style="list-style-type: none"> <li>▪ Copy of Citizen Identification Card</li> <li>▪ Copy of Passport</li> <li>▪ Copy of Driver's License</li> </ul> </div>
REQUEST METHOD	Send via email.
To be filled in by the company	

\* The owner's confirmation documents will be destroyed along with the response after verification.