

To: Personal Information Section Mobilityland Corporation

Power of attorney (Appointment of proxy)

Date: _____

Proxy	Address	
	Name	TEL () -

I appoint the person above as my proxy and grant the rights below.

Rights to be granted

- Right to claim disclosure, etc., in accordance with the Act on the Protection of Personal Information, as shown in the attached claim form

*If the right to receive the result of disclosure, etc., is also granted, please note this in the box.

Applicant	Address	
	Name	Registered seal

* Note

- Please fill in all the required items.
- Please stamp using the registered seal and submit a copy of the registered seal certificate.
- Personal information you give in this form will not be used for purposes other than to respond to your request for disclosure, etc., of personal data.