

[Attachment No. 2 - Form]

**Power of Attorney**

Delegated Person	Name	Telephone
	Date of Birth	Relation to the data subject (user)
	Address	
Delegating Person	Name	Telephone
	Date of Birth	
	Address	

The request for the appropriate process pertaining to personal information  
 viewing,  correction/deletion,  processing suspension) under the “Personal Information Protection  
 Act” has been delegated to the aforementioned individual.

YR      MM      DD

Delegating Person

(Signature or Seal)

Corporate Secret
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CONFIDENTIAL
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**To KT&G Co., Ltd.**

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