[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) | | |
| **To KT&G Co., Ltd.** | |  | | | |
|  | | | | | |