To: Personal Information Section Mobilityland Corporation

Letter of legal representative confirmation

Date:

Applicant	Address
	Name

Proxy	Address	
	Name	TEL ( ) -
Relationship with applican	☐Legal representative of minor ☐Legal representative of adult ward	

I hereby claim my right for disclosure as the legal representative of the applicant above as shown in the attached form, in accordance with the Act on the Protection of Personal Information, by attaching the documents below.

Documents to prove legal representative rights to be submitted:	☐Copy of the area of the applicant's family registration showing the relationship between the proxy and the applicant ☐Certificate of guardian registration ☐Other
Document for identification of proxy	☐Copy of driver's license ☐ Other ( )

*Note
- Please fill in all the required items.
- Please check the applicable boxes.
- personal information given in this form will not be used for purposes other than to respond to your request for disclosure or notification.