

# Request for Erasure of Personal Information

*Acceptance Date	Month/Day/Year
------------------	----------------

<Information of the principal person>

Please fill in the blanks below

Address		Date of request	Month/Day/Year
Last Name		Phone No.	
First Name		Date of birth	Month/Day/Year

<Information of the representative>

(Please fill in the blanks if request is from the representative)

Address		Date of request	Month/Day/Year
Last Name		Phone No.	
First Name		Date of birth	Month/Day/Year

a) Identity Verification Document of representative and b) Documents verifying the relationship to the principal person must be attached.

<Details of Erasure Request>

Please fill in the blanks below

Please specify occasions the principal person provided personal information.	
Reason for requesting erasure	
Information to be erased	

Please attach postal matter you received from Citizen which shows your name and address. If such postal matter is not available, you are required to submit Identity Verification Document.

Note: Please leave columns marked with \* blank.

*Control No.	PD—
--------------	-----