**The Power of Attorney**

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| --- | --- | --- |
| Principal (Data subject) | Name | Phone number |
| Birth date (MM-DD-YY) | |
| Address | |
| Representative  (Agent or Attorney-in-Fact) | Name | Phone number |
| Birth date (MM-DD-YY) | Relationship with the data subject |
| Address | |

The undersigned (principal/data subject) does hereby make, constitute and appoint the Representative as its true and lawful attorney-in-fact with full power and authority to act for the purpose of requesting for (□ Access, □ Correction/Deletion, □ Processing Suspension, □ Withdrawal of Consent) of personal information, according to Article 38.1 of the Personal Information Protection Act.

In witness whereof the undersigned has executed this power of attorney as of this [ ]th day of [ ], [ ].

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Name: