

OH Channel Innovations Ltd.
Personal Information Protection and Information Security committee

Request Form to Reveal, etc, Personal Information

Based on Article 33 of the Personal Information Protection Law, I am making the following request.

-- Details --

Date of Request	Year	month	day
Address	(zip code)		
Name	(and signature/personal seal)		
Tel. Num		Fax. Num	
E-mail Address			
Relation to OH Channel Innovations Ltd.	☐ Individual Customer (Purchased product name:)		
	☐ Staff member or worker for purchase: Their company or org .name.: Work location related to OH Channel Innovations Ltd. :		
	☐ Stockholder:		
	☐ OH Channel Innovations Ltd. employee: (Employee number:)		
	☐ Retired staff: (Last work location:)		
	☐ Other: (Please be specific.)		
Request contents	☐ Purpose-of-use report		
	☐ Reveal		
	☐ Correct, add, or delete		
	☐ Stop usage or erase		
	☐ Stop provision to a third party		
	☐ Record of the provision to/receipt from the third party		
Request details			
Format of Response	If you have any requests regarding the format of response, please indicate them below. If no specific request is made, we will reply by document. (We will reply in the manner stipulated by each service and / or as far as reasonably)		
Request basis	(Basis for customer believing that OH Channel Innovations Ltd. maintains personal information)		