

Verification of identity & signature	Clerk	Manager

Power of Attorney

To **Hana Bank** _____ Branch (Department)

Proxy	Name		Date of Birth		
	Relationship to Principal		Contact Information	Optional	
	Address	Optional			
Powers given	※ Please tick √ in the relevant box <input type="checkbox"/> . If you tick 'Other', please provide details of the powers given.				
	Account Opening	<input type="checkbox"/> Savings Deposit <input type="checkbox"/> Installment Deposit	<input type="checkbox"/> Time Deposit <input type="checkbox"/> Others ()		
	Changes (Report)	Account No.	Describe in your own hand-written writing		
		Details	<input type="checkbox"/> Change of password <input type="checkbox"/> Account closing	<input type="checkbox"/> Bankbook / Seal loss <input type="checkbox"/> Others ()	
	Others	※ Please provide powers given in detail: Describe in your own hand-written writing			

I (the Delegator) hereby authorize said Proxy to conduct the abovementioned financial transaction(s).

MM - DD - YYYY

Date of Confirming Powers Given	For staff only
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Principal	Name	(Sign)		
	Date of Birth (Business Registration No.)		Contact Information	Optional
	Address	Optional		

※ Attach a certificate of registered seal (or signature certificate) after affixing a registered seal to the 'certificate of registered seal', or affixing a signature to the 'signature certificate'.

※ In case the delegator is a corporation, attach a certificate of registered corporate seal.

