Global Affiliated Company Service Application Form

orporate Registration No Company Name Address		Business Registration No.	
Address		Representative	
Address	(Post Code)	·	
	(Country)		
) Affiliated Company		(Enter the following	information for the Affiliated Comp
orporate Registration No			
Business Registration No.			
Overseas Customer	: Bank/Branch :		(For overseas customers only)
☐ Yes ☐ No	Customer No.:		(For overseas customers only)
Company Name		Representative	
	(Post Code)		
Address	(Country)		
Phone No.		Fax	
e-mail			(Required for service notificatio
orporate Registration No			
Business Registration No.			
Overseas Customer	: Bank/Branch:		(For overseas customers only)
☐ Yes ☐ No	Customer No.:		(For overseas customers only)
Company Name		Representative	
	(Post Code)		
Address	(Country)		
Phone No.		Fax	
PHONE NO.			(Required for service notificatio





☐ Allow i	nquiries f						
☐ Allow i	nquiry or	nly for the a	ccounts designated	below			
Currency	/	Accou	nt No.	Accou	ınt Holder	Seal/Signature	Open Branch
Payment Trar		_	ithdrawal account(s he affiliated compar		ted company ar	d principal company	operator ID(s) that will
Principal Co	ompany		Affiliato	ed comp	any Withdrawa	Account Designat	ion
Operate	or ID	Currency	Account No).	Account Holde	r Seal/Signature	Open Branch
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Entrustmer	nt to and user association	n with the Global Affiliated Company & User ID to be managed		
	I (We) hereby submit this request approval.	"Global Affiliated Company Service Application Form" for our Affiliated Company and		
	Company			
Principal Company	Representative			
	Signature/Seal	(Signature identical to seal or registered seal recognized by the Korean government)		
	, ,	the Affiliated Company may utilize my electronic transaction system in e Global Affiliated Company Service Agreement into which I have entered.		
	I (We) hereby submit this request approval.	"Global Affiliated Company Service Application Form" for our Principal Company and		
	☐ Consent to Use of A	ccounts		
	range of authority I hav	hereby agree that the Principal Company may use the targeted accounts within the e approved, for [Inquiry Service] and [Payment Service], in accordance with the "Global vice Agreement" which I have entered into.		
	[Inquiry Service] or [Pay made pursuant to the (and with the Agreeme	mpany, hereby agree that when making a withdrawal from an account designated via ment Service] and transferring the funds to another account, the withdrawals shall be Global Affiliated Company Service Agreement, without any withdrawal forms or checks, ent superseding any and all other agreements e.g., Deposit Transaction Terms and gard to these transactions.		
Affiliated		ID to be managed ne user of my electronic transactions is associated with authorities of the Principal the "Global Affiliated Company Service Agreement."		
Company	☐ Consent to the Prov	rision of Financial Information		
	KEB Hana Bank and agi of accounts held under application shall be pro "Real-name Financial Ti of this agreement until 2. I agree with ☐ notifi notification of provisior	ompany, have entered into the "Global Affiliated Company Service Agreement" with ree that the financial information (e.g., Bank/Branch, Past Transactions, Balances, etc.) my (our) name with my designation regarding the inquiry and service section of this wided to the Global Affiliated Company Service Bank and the Bank itself pursuant to the ransaction and Confidentiality Law" during the period extending from the termination the last day of "the information reservation period." cation via e-mail (Frequency: daily, weekly, monthly, quarterly)/ omission of a of banking transaction information.		
	3. I agree that expiry date for the provision of banking transaction information is the expiry date of the conformation for use of (Hana 1Q bank CMS ^{PLUS} , Hana 1Q bank CMS iNet)			
	Company			
	Representative			
	Signature/Seal (Signature identical to seal or registered seal r			





Confirmation by Branch/Bank Staff

Bank Verifier's Name/Signature	Enter the name	of the KEB Hana Bank staff m	nember who handled this transaction
Date Submitted		Date Registered	

Day Month Year

Applicant

(corporate seal)

* Affiliated companies can apply to change their ID details.

* Applicant Information (Enter the information of the person in charge of the Global Affiliated Company Service application.)

	Name	Resident Registration No.
Proxy	Address	
	Relationship (Dept. / Position)	
	Company Name	(Seal/Signature)
Entruster	Address	

KEB Hana Bank



