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| **Application for Payment of Gwangju Daily Life Recovery Subsidy**  **(Prepaid Win-Win Card)** | | | | | | | | | | | |
| Applicant | Name | |  | | **Date of Birth** | |  | | Mobile Phone Number |  | |
| Address  (As of  December 1,  2021, 0:00 a.m.) | |  | | | | | | | | |
| **◆ Power of Attorney for Application**  **Delegated to** (Household member, etc.): | | | | | **Reason for**  **Delegation of Power of Attorney** | |  | | | | |
| Relationship to Applicant | | Name | | Date of Birth | Address  (As of December 1, 2021, 0:00 a.m.) | | | | | Mobile Phone Number | I agree to the details of the application. |
|  | |  | |  |  | | | | |  | Signature  or Seal |
|  | |  | |  |  | | | | |  | Signature  or Seal |
|  | |  | |  |  | | | | |  | Signature  or Seal |
| I (I, the proxy) am applying for (applying as proxy for) the payment of the Gwangju Metropolitan City Daily Life Recovery Subsidy (application and receipt of a prepaid Win-Win card) and have been informed concerning the collection, use, and provision of personal information as detailed below.  **◆ Details Regarding the Collection and Use of Personal Information**   |  |  |  | | --- | --- | --- | | **Item** | **Purpose of Collection** | **Retention Period** | | Name, date of birth, gender, relationship with proxy, mobile phone number, address, local currency card number, payment amount, and usage history. | Daily life recovery subsidy payment and conformation of payment. | 5 years |   ※ You have the right to decline consent to the collection and use of the personal information listed above. In case of refusal, you will not be able to apply for the daily life recovery subsidy. Do you agree? **Agree □, Not Agree □**  **◆ Details Regarding the Provision of Personal Information to Third Parties**   |  |  |  |  | | --- | --- | --- | --- | | **Recipients** | **Items Provided** | **Purpose of Provision** | **Retention Period** | | Gwangju Metropolitan City, local government, Kwangju Bank (KJW) | Name, date of birth, gender, relationship with proxy, mobile phone number, address, local currency card number, amount of payment amount, usage history. | Daily life recovery subsidy payment and conformation of payment. | 5 years |   ※ You have the right to decline consent to the collection and use of the personal information listed above. In case of refusal, you will not be able to apply for the daily life recovery subsidy. Do you agree? **Agree □, Not Agree □** | | | | | | | | | | | |
| **Precautions and Instructions on Use** | | | | | | | | | | | |
| 1. The area in which The Gwangju Metropolitan City Daily Life Recovery Subsidy may be used is limited to Gwangju Metropolitan City. If a person who is not eligible for payment applies and receives the subsidy, it will be reclaimed. | | | | | | | | | | | |
| 2. If one takes the name of another (without their consent) to falsely prepare a statement of power of attorney and applies for this subsidy, that person will be sentenced to up to five years in prison or fined up to 10 million won for forgery or alteration of private documents in accordance with Article 231 of Criminal Law. | | | | | | | | | | | |
| 3. If funds from the Gwangju Metropolitan City Daily Life Recovery Subsidy are exchanged for cash or gift certificates at affiliated stores or discounted in a prohibited or unfair manner, the use of the card will be suspended and the payment will be reclaimed. | | | | | | | | | | | |
| 4. The expiration date is until **May 31, 2022**. **Any unused balance remaining after the expiration date will automatically be deleted and cannot be used.** | | | | | | | | | | | |
| I confirm that I have been informed of the use, precautions, and usage compliance of personal information, and hereby apply for the daily life recovery subsidy (via prepaid Win-Win card) according to the above details.  (Date: Month & Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_, 2022    Applicant (or Proxy) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature or Seal)    **To the Director of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_District Office** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| (Card Number) | | | | | | | | | | | |
| (Issuing Officer) Position:  Name: | | | | | | Confirmation of Receipt | | Number of Cards: Applicant Name:  Applicant Signature: | | | |