

# Application for information on a resident register or for issuance of its copy or abstract

※ Please read the guidance notes on the back of this form before you fill out the form, and check( ☐ ) where appropriate. (Front)

|                                                           |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                          |  |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Applicant<br>(Individual)                                 | Name (Seal or signature)                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         | Resident Registration No.                                                                                |  |
|                                                           | Address (District) (City) (Province) ※ Insert your district, city, and province only.<br>(Detailed address not required)                                                                                                                                                                                                                                               |                                                                                                                                         |                                                                                                          |  |
|                                                           | Relationship (to the person whose info is requested)                                                                                                                                                                                                                                                                                                                   |                                                                                                                                         | Phone No.                                                                                                |  |
|                                                           | <input type="checkbox"/> Apply for fee exemption                                                                                                                                                                                                                                                                                                                       |                                                                                                                                         |                                                                                                          |  |
|                                                           | ※ Regarding eligibility for fee exemption, please refer to Note 3 on the back page.                                                                                                                                                                                                                                                                                    |                                                                                                                                         |                                                                                                          |  |
| Applicant<br>(Business)                                   | Name of Business                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                         | Business Registration No.                                                                                |  |
|                                                           | CEO (Seal or signature)                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         | Contact No. (Business)                                                                                   |  |
|                                                           | Address                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                                                          |  |
|                                                           | Name of Visitor                                                                                                                                                                                                                                                                                                                                                        | Resident Registration No.                                                                                                               | Contact No. (Visitor)                                                                                    |  |
| Person Whose<br>Information Is<br>Being Requested         | ※ Leave this section blank if you are requesting your own information or copy/abstract.                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                                                          |  |
|                                                           | Name                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                         | Resident Registration No.                                                                                |  |
| Information to<br>be Provided                             | Address                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                                                          |  |
|                                                           | Request                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> A copy of the resident register <input type="checkbox"/> An abstract of the resident register                  |                                                                                                          |  |
|                                                           | ※ In order to protect personal information, one can request for necessary information only from the list below of information provided on a copy or an abstract of the resident register. If you do not choose either "Included" or not, only the basic information such as name, date of birth and address of the applicant or the person concerned will be provided. |                                                                                                                                         |                                                                                                          |  |
|                                                           | <input type="checkbox"/> All items of a copy included <input type="checkbox"/> All items of an abstract included                                                                                                                                                                                                                                                       |                                                                                                                                         |                                                                                                          |  |
|                                                           | Copy<br>Issuance<br><br><input type="checkbox"/> copy<br>(ies)                                                                                                                                                                                                                                                                                                         | 1. Records of change of address                                                                                                         | <input type="checkbox"/> All included <input type="checkbox"/> Fill in : the last ____ years included    |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                        | 2. Reason for household registration                                                                                                    | <input type="checkbox"/> Included                                                                        |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                        | 3. Date of household registration                                                                                                       | <input type="checkbox"/> Included                                                                        |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                        | 4. Date of event / Date of report                                                                                                       | <input type="checkbox"/> Included                                                                        |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                        | 5. Reason for change                                                                                                                    | <input type="checkbox"/> Included( <input type="checkbox"/> Household, <input type="checkbox"/> Members) |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                        | 6. Names of householder, members and foreigner other than the person concerned                                                          | <input type="checkbox"/> Included                                                                        |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                        | 7. Last 7 digits of resident registration no.                                                                                           | <input type="checkbox"/> Included( <input type="checkbox"/> Self, <input type="checkbox"/> Members)      |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                        | 8. Members' relationship to the householder                                                                                             | <input type="checkbox"/> Included                                                                        |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                        | 9. Cohabitants                                                                                                                          | <input type="checkbox"/> Included                                                                        |  |
|                                                           | Abstract<br>Issuance<br><br><input type="checkbox"/> copy<br>(ies)                                                                                                                                                                                                                                                                                                     | 1. Personal information changes                                                                                                         | <input type="checkbox"/> Included                                                                        |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                        | 2. Records of change of address                                                                                                         | <input type="checkbox"/> All included <input type="checkbox"/> Fill in : the last ____ years included    |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                        | 3. Name of and relationship to the previous householders in the records of change of address                                            | <input type="checkbox"/> Included                                                                        |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                        | 4. Last 7 digits of resident registration no.                                                                                           | <input type="checkbox"/> Included                                                                        |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                        | 5. Names of householder, relationship to the householder                                                                                | <input type="checkbox"/> Included                                                                        |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                        | 6. Date of event / Date of report                                                                                                       | <input type="checkbox"/> Included                                                                        |  |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                        | 7. Reason for change                                                                                                                    | <input type="checkbox"/> Included                                                                        |  |
| 8. Military service records                               |                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Included( <input type="checkbox"/> Basic(Date of enlistment/discharge), <input type="checkbox"/> All included) |                                                                                                          |  |
| 9. Domestic residence report no. / Alien registration no. |                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Included                                                                                                       |                                                                                                          |  |
| Purpose                                                   |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                          |  |
| Evidentiary documents                                     |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                          |  |

I hereby apply for information on a resident register or for issuance of its copy or abstract in accordance with Articles 47 and 48 of the Enforcement Decree of the Resident Registration Act.

Day Month Year

To the Head of the City/County/District/Town/Local Government

210mm×297mm[White paper 80g/㎡ or Medium quality paper 80g/㎡]

|                                                    |                                                                                                                                                             |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Items to be checked by relevant public authorities | Whether the applicant is exempt from fees for falling under any of subparagraph of Article 18(1) of the "Enforcement Rule of the Resident Registration Act" |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Consent to Sharing Administrative Information

I hereby give my consent for abovementioned relevant public authorities to check out my administrative information on whether I am exempt from fees for the providing information on my resident register or issuing its copy or abstract, through administrative information sharing, in accordance with Article 36(1) of the "Electronic Government Act."

※ In case you do not agree to the verification by relevant public authorities, you must submit documents that verifies the information concerned.

Applicant

(Signature or Seal)

### Notes

- When you request information on a resident register or its copy or abstract, you must submit a form of identification such as a resident registration card; If you are a foreigner who is registered in accordance with the Article 31 of the "Immigration Act" or a foreign national Korean who reported your domestic residence in accordance with the Article 6 of the "Act on the Immigration and Legal Status of Overseas Koreans", you must submit an alien registration card or domestic resident report card. If you visit as a representative of your company, you must bring a form of identification as well as your employment ID or a proof of employment.
- When you or a member of your household wishes to check your or his/her resident register or to be issued with the copy or abstract only by submitting a form of identification such as a resident registration card, you or he/she can do so by printing your or his/her name on a digital signature pad.
- Those who are eligible for fee exemption for information on a resident register or for issuance of its copy or abstract in accordance with Article 18(1) of the Enforcement Rules of the Resident Registration Act are as follows:
  - Where the State or local government applies for it to provide public services in accordance with the Paragraph 1 of Article 29(2) of the Resident Registration Act;
  - Where a recipient under Article 2(2) of the National Basic Living Security Act applies for it;
  - Where the Minister of the Interior and Safety, Metropolitan City Mayor/Do Governor or the Head of the City/Country/District/Town/ Local Government deems it necessary such as in the event of disasters;
  - Where fee exemption for providing resident registration data is prescribed in any relevant Acts and subordinate statutes;
  - Where a person of distinguished services to national independence or his/her bereaved family (a person with first priority only) registered under Article 6 of the Act on the Honorable Treatment of Persons of Distinguished Service to Independence applies for it;
  - Where a person who has rendered distinguished service to the State or his/her bereaved family (a person with first priority only. If the person granted priority is the father or mother, the mother or father not granted priority shall be included.) registered under Article 6 of the Act on Honorable Treatment of and Support for Persons, Etc. of Distinguished Service to the State applies for it;
  - Where a patient suffering from potential aftereffects of defoliants registered under Article 4 of the Act on Assistance to Patients Suffering from Actual or Potential Aftereffects of Defoliants, Etc. and Establishment of Related Organizations applies for it;
  - Where a war veteran registered under Article 5 of the Act of Honorable Treatment of War Veterans and Establishment of Related Associations applies for it;
  - Where a person of distinguished service to the May 18 Democratization Movement or his/her bereaved family (a person with first priority only. If the person granted priority is the father or mother, the mother or father not granted priority shall be included.) registered and determined under Article 7 of the Act on Honorable Treatment of Persons of Distinguished Service of the May 18 Democratization Movement applies for it;
  - Where a person who performed special missions or his/her bereaved family (a person with first priority only. If the person granted priority is the father or mother, the mother or father not granted priority shall be included.) registered under Article 6 of the Act on Honorable Treatment of Persons of Distinguished Service During Special Missions and Establishment of Related Organizations applies for it;
  - Where a person eligible for support under Article 5 or Article 5-2 of the Single-Parent Family Support Act applies for it;
  - Where fee exemption is prescribed by ordinance of relevant local governments; and
  - Where the first copy of abstract of a person whose birth has been registered is issued.
- Select either "Included" or not for each numbered item on the "Information to be Provided" section.
- In some cases, such as when you need an abstract of the resident register of a debtor in order to register his/her inheritance by subrogation, you may request or be provided with the records of change of address.
- As for the "Records of change of address", when you choose "Fill in", the period should be filled out by the year.
- For the issuance of an abstract of resident register: As for the "3. Name of and relationship to the previous householders in the records of change of address" information, if the person whose information is being requested is a legal adult, the person concerned or a person entrusted with the power can choose "Included." And, if the person whose information is being requested is a minor, a householder, a lineal ascendant, or the state or a local government (for public affairs only) can choose "Included."; as for the "8. Military service records" information, only the person concerned or a member of your household (or a person entrusted with the power) as well as your family member referred to in the Article 29 (2) 5 of the "Resident Registration Act" and the state or a local government (for public affairs only) can choose "Included."
- If a person other than the person concerned or a member of your household wishes to be issued with a copy or abstract of your resident register, he/she must fill out the "Purpose" section because the purpose shall be printed on the issued copy or abstract, and in case of applying for a copy of the resident register, he/she must submit separate evidentiary documents.
- In accordance with subparagraph 5 of Article 37 of the "Resident Registration Act," if you are provided with information on a resident register or its copy/abstract by fraud or other improper means, you shall be sentenced to less than three years in prison or fined less than thirty million won.
- If you wish to request information on the register of more than one person or receive their copies/abstracts with the same evidentiary documents for the same purpose, you may apply for them all at once by using Form 7 and Form 8. In that case, you must put the two forms together in order, fold the first page (Form 7) in half, and stamp your personal seal in the center where the edge of the folded paper meets the next page (Form 8).
- If you are a foreigner who is registered in accordance with the Article 31 of the "The Immigration Act" or a foreign national Korean who reported your domestic residence in accordance with the Article 6 of the "The Act on the Immigration and Legal Status of Overseas Koreans", enter your alien registration number or domestic residence report number on the "Resident Registration No" section.