

## Attachment

Personal Information Infringement Incident Report		
The Name of Cosmetic Wholesalers or Retailers:	Notified Time: _____/_____/_____/_____/_____ _____(YYYY/MM/DD/HH/MM) Notifier: _____Signature (Seal)	
The Notified Authority:	Title: TEL: Email: Address:	
Incident Time:		
Type of Incident	<input type="checkbox"/> Theft <input type="checkbox"/> Leakage <input type="checkbox"/> Tampering <input type="checkbox"/> Damage <input type="checkbox"/> Loss <input type="checkbox"/> Other Incident	The Total Number of Personal Information been Infringed(estimate)_____  <input type="checkbox"/> The Number of the General Personal Information been Infringed _____  <input type="checkbox"/> The Number of the Special Personal Information been Infringed _____
The Cause and Incident Summary:		
Damage Report:		
Possible Consequences of Infringement:		
Planned Response Measures:		
The Planned Time and Method of Notification to the Parties:		
Notify within 72 hours of discovery:	<input type="checkbox"/> Yes  <input type="checkbox"/> No, considering that:	

